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SEX PROBLEMS OF MAN

IN HEALTH AND DISEASE

DR. MOSES SCHOLTZ

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SEX PROBLEMS OF MAN IN HEALTH AND DISEASE

A Popular Study in Sex Knowledge

By

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PREFACE

THE scourge of the social evil and its baneful and disintegrating influences on the moral and physical structure of modern society has come to be recognized more and more by the public opinion as one of the most burning social problems of to-day. A new battle cry of social purity and conservation of manhood and womanhood has resounded on the battlefield of social endeavor, and a new crusade, under the banner of a young but vigorous movement of eugenics, has been started for a morally pure and physically strong young generation.

The most effective method of waging this campaign against evil forces of vice and moral contamination would be to start an aggressive movement in two different directions of social endeavor. One is the campaign of social legislation and reforms for the purpose of eradicating deeply-lying

causes of economic, social, or political character, which originate and foster various manifestations and forms of the social evil, to change gradually the underground from which all evil forces are arising, and to raise the moral tone of society as a whole.

The other way is to attack the monster of social evil by reaching the individual offender and by protecting him from the pitfalls and dangers, through moral persuasion and by arming him with the necessary knowledge of sex life in health and disease.

It is agreed on all sides that the keynote of this educational movement should be a campaign of sex education and moral prophylaxis. The young generation, both boys and girls alike, should be taught from an early age the proper biological and social function of sex, and trained in an open and healthy attitude toward sex problems. The prudish and hypocritical attitude of society is universally regarded as the main cause of all-pervading diffusion of the social evil, furthered by a most flagrant ignorance on one hand and a morbid curiosity produced by this attitude on the other.

A discussion as to which weapon at our command in this propaganda should be considered most effective, and which particular of the stock arguments commonly used in the campaign for sexual morality is to be preferred, seems to the writer perfectly irrelevant and non-essential. Whether we appeal to the nobler and higher instincts of manhood, or to the reason and intelligence of the man by enlightening him on the biological function and significance of sex, or try to instill the fear of the evil consequences of sexual transgression, none of these arguments should be emphasized more than another, but all should be presented with equal force and emphasis. The degree of influence which any of these motives, single or combined, may exert on a man varies not only with the different type of man, but even in the same individual the force of these appeals will vary in different moods and under different circumstances.

One essential condition for the success and effectiveness of the propaganda of sexual hygiene and morality is a concrete, prac-

tical, and natural presentation of the subject, without abstract theorizing or ill-disguised sermonizing, which bores and rather repels an unsophisticated and untrained in intellectual reasoning average street man or boy—the real would-be beneficiaries of this crusade.

It is the writer's firm conviction, based on many years of genito-urinary practice and mingling with men and boys of different classes, that each one of them is only too eager for sex knowledge; but this knowledge has to be presented in a concrete, matter-of-fact fashion, comprising and explaining various problems and facts of sexual life in health and disease as they arise daily in the life of the average man or boy. In this way, and in this way only, in the writer's opinion, a man of the masses can be reached.

Moses Scholtz, M. D.

Cincinnati, 1916.

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INTRODUCTION

NO greater and more sacred ambition can stir the heart of a boy or youth than to grow up into a perfect manhood, to become strong enough physically and mentally to meet any demands on his strength that life may put upon him. Equally so, no more important nor more sacred duty lies on a grown-up, fully developed man than to keep this treasure of physical and mental equipment bestowed upon him by generous Nature intact and unimpaired.

Unfortunately, while most men and boys have good intentions and right ambitions, many of them, by weakness of character, light-mindedness, but mostly thru ignorance, yield to evil temptations, to ugly and morbid habits, to self-destructive practices, only to find themselves, after a few years of "sowing wild oats," as "damaged goods," physical and mental wrecks, without

strength or ambition to live, worn out and sapped by chronic diseases. It can be truly said that no other scourge blights as many happy homes, destroys as many brilliant careers, undermines as much vitality of body and spirit as does abuse of the sexual system. If it were possible to express in figures and money value the total amount of loss of money, time, physical suffering, mental anguish, blighted happiness, and permanent invalidism; if it were possible to summarize all the misery and suffering, all the decay and waste of human bodies and souls, caused directly or indirectly by diseases of sexual origin, the world would be staggered and shocked by the immense sacrifice it brings to the Moloch of sex ignorance.

What does sex mean to the average man and youth? What idea does he have of the function of sex in the human body and its significance in human life? To a youth, sex means a mysterious force that makes itself felt by vague desires and impulses, by an irresistible attraction toward the opposite sex, by its undefinable impulses

in his whole being—his body, his mind, his feelings. But before he has time to clear up the mystery of his body, some companions more experienced in life's vulgarities initiate him almost by force in the physical mysteries of the sexual relationship, ordinarily under the most vicious and vile surroundings, which initiation leaves in him invariably a lasting and intense aftertaste of shame and disgust. More sensitive and refined natures instinctively recoil after this harrowing experience, and exert their best and sincerest efforts to avoid temptations and keep their bodies and feelings fresh and clean. Others yield again to the stronger will of the older debased companions, and gradually develop a habit of indulgence in brutal and degrading passions, with the subsequent train of venereal diseases, impairment of physical and mental strength, and gradual withering of all moral noble features of manly character. And yet under proper instructions and the right attitude of mind, no man or boy should fail to realize that sex is the most precious treasure he possesses, the squandering and

abuse of which is sheer madness and self-destruction.

Think of a boy fourteen to sixteen years old on the threshold of manhood, and watch the changes going on in his whole being at this period of transition. Watch this most wonderful transformation, how a frail, little, helpless skeleton shoots into a large-boned frame with powerful muscles; how his squealing, girlish voice deepens into a low, manly, vibrating tone, and the smooth skin of the face and genital organs begins to show a hairy growth. Equally great changes take place in the boy's mentality and feelings. A childish helplessness and insecurity gives place to self-assurance and assertiveness, coming from the inner feeling of growing power and ability to protect himself. Childish, care-free, everlasting joy gives way to a new feeling of growing responsibilities and duties, to plans and ambitions to strive for glory and success in life. The feeling of inner force and energy stirs him to ever-new activities, spurs him to ever-new achievements. Nothing is too hard for a youth standing on the threshold of man-

hood, no job is too big for him, no ambition is too high to realize. This is the time when the character and personality of a boy assume their permanent shape that forecasts the success or failure of his whole future life. And then comes the last and crowning change in growing manhood. He begins to feel an indefinite longing, vague and dreamy romantic impulses, and rapid changes of mood begin to disturb his repose. A new attitude toward the opposite sex gradually makes itself felt, and a woman acquires in his mind and feelings a new meaning and a new light. Womanly beauty and perfection, of which he has been unaware and unconscious, begins to exert on him all-powerful and irresistible attraction, and with further bodily and mental growth, he gradually reaches full maturity and enters the stage of highest consummation of normal manhood—love, marriage, and happy family life.

What magic power has brought about these changes from a helpless child to a strong, able-bodied man, ready for an active and happy life? This wonderful power is

sex. Sex is the magic source of life, which not only reproduces life, but also keeps up the divine spark of vitality in the human body and controls and stimulates its growth and healthy development. *Sexual glands that every healthy child gets from its very inception, thru their internal secretions, act as a source of life and energy in the body, stimulating its growth and influencing its general condition.* And just as killing frost or withering heat stunts and dwarfs a young plant, so any abuse or lack of care of the sexual system will dwarf and stunt the growing boy, physically, mentally, and morally.

But even after a man has reached a full state of physical development, his sexual system exerts the same all-powerful influence over his body and mind. His own health and happiness, as well as the happiness of his wife and children, are most intimately and deeply dependent on the healthy and normal condition of his sexual system.

So it can readily be seen that sex is the greatest treasure Nature has bestowed upon

men, and that the sexual organs are just as important for health and happiness as are any other organs of the body. For this reason every boy and man should know how to take care of these most vital organs in health and disease. In a word, he should have all necessary knowledge to protect and to keep intact his priceless heritage—healthy and noble manhood.

Anatomy and Physiology (Structure and Function) of the Male Generative Organs

To get a clear idea of the sexual system of a man, it is necessary first to learn the structure and function of sexual organs; that is, to get a brief acquaintance with their anatomy and physiology.

This is just the very purpose of this book, to give to intelligent and self-conscious boys and men this necessary knowledge, to give them guidance and information, which they need on different occasions, to solve and clear up their many doubts and questions that come up in the intimate recesses of their minds and which arise on different experiences of sexual life.

The sexual system of a man consists of the *penis*, two *testicles* with two *seminal ducts*, two *seminal vesicles*, and one *prostate gland*. The *penis* is a composite structure, as it has a double function of sexual

and urinary organ. It consists of *three cavernous, erectile elastic bodies* capped in front by a head part—two of them on the sides and one underneath. These bodies contain numerous spaces, collapsible in the time of quiescence, but in time of sexual excitement, in the state of *erection*, those spaces fill up with blood and render the penis turgid and hard. Underneath the side cavernous bodies, piercing thru the lower cavernous body, goes the *urethral canal*, which starts from the bladder and reaches the external opening. The *urethra* has a double function: it carries urine from the bladder out of the body and it serves as a carrier for natural sexual secretions. The *testicles* are the most important sexual glands, as they produce human living cells —embryos—so-called *spermatozoa*. The testicles, two in number, are pigeon egg sized bodies, suspended by the spermatic cord in a sac called the scrotum.

The natural seminal secretion, semen, or *sperma*, after its production in the testicle, is carried out thru a *long seminal duct*, which, when unraveled, measures

about twenty feet long, but in a natural condition is twisted and folded on itself many hundred times, forming a bundle-like swelling in the back of the testicle—*epididymis*. This detail is good to remember, as epididymis plays a very important part in venereal diseases.

The seminal duct goes thru the spermatic cord a long way and passes thru the *inguinal* canal, located in the groin and enters the seminal vesicles, which are located in the rear of the base of the urinary bladder. The *seminal vesicles* are the reservoir tanks for the *seminal fluid*, which resemble small pouch pockets, where it is stored up and accumulated before it is *ejected thru the ejaculatory duct* into the deep part of the urethral canal and then carried outward, spontaneously in a *wet dream* or actively in sexual intercourse. The seminal vesicles also produce their own viscid fluid-secretion, which probably preserves the spermatozoa in time of storage.

The *spermatic cord* serves as a cable connecting the testicles with the rest of the body, and contains the *seminal duct*, nerves,

and blood vessels that give vitality and blood supply to the testicles.

Last, but not least in importance among organs of the male sexual system, is the *Prostatic Gland.* The prostatic gland resembles in form a chestnut, and is located deep under the urinary bladder, right between the seminal vesicles. This gland is very rich in muscles, which surround the deep part of the urethral canal, where it starts from the bladder, and takes an active part in closing up and opening the bladder in time of urination. The Prostate Gland is also very rich in nerves, which connect it with almost every part of the body. For this reason, as will be seen in the chapter on sexual diseases, the healthy condition of the Prostate Gland is absolutely necessary for a normal and happy life. The Prostate Gland also produces a very important sexual secretion well familiar to all—a grayish white milky emulsion with characteristic sweetish odor and alkaline reaction. This secretion is very important, as it preserves and stimulates the vitality of the *sperma-*

tozoa before they reach the female embryo *ovum* for the purpose of *fertilization.*

Thus it can be seen that the *seminal secretion* a man loses, either during a wet dream or in sexual intercourse, is not a simple, but a composite fluid, consisting of secretions of the testicles, prostatic gland, seminal vesicles, and also numerous mucous glands of the urethral canal.

The most important element of the seminal fluid is the secretion produced by the testicles and containing spermatozoa. *Spermatozoa*, or human embryos, are microscopically small living cells, which resemble very much in appearance tadpoles. They consist of a pear-like head, thread-like tapering neck and tail, and thousands of them can be seen in a drop of sperma under a microscope, as rapidly moving and swarming around little worms.

Let us consider now briefly the function of sexual organs. The structure and mutual adjustment of the parts in time of function clearly indicate that the main purpose and vital function intended by Nature for these

organs is procreation and transmission of life. Every single organ of the sexual system is constructed and provided with wonderful creative power and natural appliances, all to one purpose—to preserve and to facilitate the transmission of the living spermatozoa to a meeting place of its mate of fertilization and conception—the female embryo—ovum. This is the reason why sexual organs are also called *generative* organs. This must also be the reason why Nature has timed the awakening of the sexual impulse with the period of the greatest development of all the faculties of the human body and mind, so as to render a man mature and prepared to shoulder the heavy responsibilities of husband and father. Unfortunately, under modern economic and social conditions the physical and mental maturity does not coincide with the *economic* and social readiness to take up the obligations of family life, and marriage is often forcibly deferred to many years after the physical age of maturity. This brings under discussion the most important practical question of sex continence.

Sexual Continence.

The question whether sexual relationship is a natural necessity and whether a man can abstain from sexual indulgence and remain in perfect health is commonly debated in bachelors' quarters, and seems to have been decided by popular opinion in the negative. But a glance at the scientific bases of this problem and everyday experience of every unbiased man is sufficient to show that nothing could be further from the truth.

Sex is a *biological*, not a *physical* function; that is, the evacuation of the seminal fluid out of the body is intended by Nature for the purpose of fertilization only, and is not necessary for the physical well-being of the individual. The general stimulating and vitalizing effect of the internal secretions of the sexual glands is best obtained and subserved by retaining these fluids in the body; that is, by abstaining from free sexual intercourse. That this is so can be readily substantiated by practical observation; whenever a man undertakes to perform some mental or physical task, he has

to lead an abstinent and moderate life to get out the maximum of his efficiency.

Pollution (Night Emission—Wet Dream).

Nature has wisely provided man with a wonderful self-regulating appliance, which fact explodes the popular belief about danger to health in overaccumulation of the seminal secretions in the body. Whenever such accumulation of the seminal fluid takes place in a healthy man, and he begins to feel a certain nervous tension and blood-flushes, Nature opens her safety valve and the over-distended seminal vesicles by pressure bring in motion the nervous muscular apparatus of the sexual organs, and this accumulated surplus comes out at night in sleep as a "wet dream" night emission, medically called "pollution." The best proof that this phenomenon is normal, natural, and purposeful can be seen in the fact that the morning after it the man loses all the disturbing sensations of nervous tension and at once regains his freshness and vigor. *A man may have these emissions*

once or twice a month, even once a week, and he does not have to worry about it in the least, provided that after each night emission he feels fresher and more vigorous than before it.

Controlling Factors of Sexual Instinct.

In discussing sexual abstinence and its possible injurious effect on health, some very important facts bearing on the question should be brought out.

First, the popular idea that sex is as much a physical necessity as are other instincts of self-preservation, such as hunger, thirst, or sleep, is fundamentally wrong. Hunger, thirst, etc., are imperative at all ages and under all circumstances. The lack of their satisfaction for a very few days leads to wasting, destruction of the body, and physical suffering. The sexual impulse awakens only at a certain age, lasts a certain period of time, and gradually goes down, leaving the physical welfare of the body undisturbed.

Individual Variations.—Another ex-

tremely important difference is that hunger, thirst, sleep, and other bodily instincts are implanted in every human being, and individual natural differences in regard to these instincts are so insignificant as to be negligible. (We wish to emphasize the word "natural" in its true sense, as in actual life many people develop so many different habits as to the quality and quantity of food and drink and in their ignorance call them their "nature.") How different it is with the sex function. People are so different as to their sexual capacity and preferences, commonly called "temperament," that no hard or fast rules can be enjoined on the average man or woman, and not even approximate limits can be given in an individual case. There are many so-called *frigid* natures, particularly among women, who feel not the slightest attraction for the members of the opposite sex, and are able to go for years and even thruout life without any active desire for sexual relationship. On the other hand, there are some individuals who, either thru heredity or thru personal unbridled indulgence, are

so obsessed by sexual passion that their mind remains shut off to every refined and moral influence, and they turn into low, beastly slaves of their brutal passions. What is sexually exciting and attractive to one man, leaves another man perfectly indifferent, and may be disgusting and repulsive to a third. Surely an instinct that is so changeable and so widely differs with different people is not a physical necessity of our body, and can be held in abeyance for a long period of time.

Psychology of Sex.

It has been pointed out above that besides its primary and main biological function of the transmission of life, sex also has a powerful stimulating and vitalizing influence on the development of the individual, which is particularly conspicuous in time of adolescence and approaching puberty. But the influence of sex is not only limited to the physical sphere; in fact, its influence on the psychology and mentality of the individual is equally powerful, far-reaching, and lasting thru the greater part of life. Sex

unquestionably is the greatest emotional power in human life, the greatest and strongest single factor controlling human feelings and emotions. From a mere physical animal instinct of procreation as it is manifested in the animal world, in the man Nature has transformed and has exalted sex into the highest all-pervading function of human life, has spiritualized and beautified this physical impulse into a most ennobling and ecstatic passion of the human soul—the passion of love.

Love between a man and woman and its consummation in marriage and formation of the unit, the family, is the highest expression and development of the primitive sex instinct; it is the only form of expression of the sexual impulse intended by Nature and sanctioned by religion and the social code of morals. Sex, in its spiritualized and purified form of love, has ever been the dominating and controlling factor in the history of the human race. Love has furnished more to the content of the emotional life of human kind than any other emotional force. Love has been at

all times the source of inspiration to the greatest creative geniuses of all arts, be it music, literature, drama, pictures, etc. Nothing thrills an average man or woman as much, nothing strikes a vibrating response of a human heart as quickly as an artistically presented romance of love. The only instinct that rivals in intensity the love between man and woman is mother's love, which is also based on the sex impulse, tho of a wider import. Mother love is, as it were, a continuation of the biological function of sex, a Nature's provision to protect and to raise the offspring begotten in love.

The power of sex for good or evil in human life is unlimited. A spiritualized sex impulse—love—ennobles the man and renders him responsive to the best and highest sentiments, inspires him to noblest deeds of devotion and self-sacrifice. The sex impulse, not exalted by the divine touch of love, and left unbridled in its primitive form, becomes a destructive and brutalizing force, that not only inflicts the physical punishment of disease and loss of sexual

power, but also destroys the best and noblest elements of manhood.

The fact that every man and boy suffering from a venereal disease or a disorder resulting from bad sexual habits feels ashamed, degraded, and deeply disgusted with himself, is due not only to the fear of public disgrace and ridicule, but it is essentially a feeling of guilt against his own physical and moral self.

Besides the emotional sphere, *sex exerts an equally far-reaching influence on the sphere of mentality.* The faculties of intellect and reasoning are not affected directly by the sexual impulse, but indirectly the intellectual capacity is greatly dependent upon sexual characteristics of the man. A man leading a normal sexual life, that is, being continent if he is below the age of full sexual maturity, and, being married, if he is above the age, commands the best conditions of intellectual efficiency. His mind being undisturbed and unshaken by periodical waves of sexual excitement, of casual indulgences and nervous exhaustions following sexual excesses or abuses, remains

steadily in a state of perfect repose and continual freshness, which renders him capable of the greatest mental concentration and vigorous sustained mental effort.

In the case of a married man, the state of mental energy and efficiency is still more increased by a powerful incentive and stimulation felt by every normal man to exert his best efforts and to strive to the best of his ability for the welfare and good name of his family. Strange as it may seem to some, the sexual impulse and feeling has had the greatest influence on the development of morals and social ethics. The popular old-time idea that the sexual organs and feeling are something shameful, disgusting, and loathsome is based on a gross ignorance and on a crude, vulgar, and narrow-minded interpretation of the great natural provision. Whatever shameful, immoral, or degrading there may be about the sexual feeling and function is put into it by the ignorant, vicious, and vulgar mental attitude and unclean thoughts of man.

Surely the impulse and organs of the

human body, designed by the Great Creator for the highest function of human life —that of transmission of life—cannot be shameful, nor vulgar, nor immoral. The broad and intelligent interpretation of sex raises it above a mere animal instinct, ennobles and purifies it from any element of low and brutal passions, and by instilling in the man a feeling of sacredness and moral obligation on his part towards the future family, renders the sex problem a subject worthy of reverence and earnest study.

The Physiological Bases of Sex Impulse.

For a clear understanding of the natural mechanism by which a sexual impulse is originated, set in motion, and brought to its natural climax—*ejaculation* (emission of the seminal fluid)—it is necessary to explain briefly the nervous apparatus controlling this sexual function. The main nervous center directly controlling and setting in motion every successive step in the sexual act is located in the lumbar

(loin) part of the spinal cord. This is the center of *erection.* This center can operate under certain circumstances spontaneously, without active control of the will or consciousness, but ordinarily it is under full and absolute control of the brain centers forming sexual ideas and impulses. The center of erection can be stimulated or excited either by *impulses from the sexual brain center,* which is by far the most frequent way of the two of forming sexual desire, or it can be stimulated by *impulses from the genital organs.* The most common causes producing erection thru impulses from the genital organs are: a mechanical friction or tickling of the genital organs (intentional, as in self-abuse, or accidental and spontaneous); irritative influences in various diseases of the genital organs; pressure on the nerves by the bladder distended with urine (particularly on awakening in the morning); the seminal vesicles overfilled with seminal fluid, or even the blood congestion caused by lying on the back. All these causes, with the exception of a deliberate masturbation (self-abuse), can produce

an erection without active participation of the consciousness or will power: they belong to the realm of subconscious acts, but their intensity never grows sufficiently strong to bring about a natural resolution of the sexual reflex thru the ejaculation of the seminal fluid. The only exception is the sexual irritation produced by the seminal vesicles overdistended with secretion; in this case it comes to a resolution thru a "wet dream," or night emission. The very fact that a *healthy, normal man never has wet dreams in the daytime in a waking state* conclusively shows that under normal circumstances a natural sexual feeling is never so intense or imperative as to consider it as a natural necessity, calling for gratification. The *ordinary active state of mind and concentration of attention on the regular pursuits of life is sufficient to keep vague sexual impulses in the realm of the subconscious.* It is only the active participation of mind and the concentration of attention on these impulses that brings them out on the surface of consciousness. Once this vague impulse or idea is per-

ceived by the mind as a sexual idea or emotion, if the will power of the man is not strong enough to push it back again and to submerge the impulse in the realm of the subconscious, the imagination steps in and, by conjuring up various lascivious and sensual images and dreams, stimulates and fans up the flickering light of the original impulse into a mighty, all-devouring, irresistible flame of sexual passion, overpowering all reasoning and self-control of the man. Once it has yielded and has permitted the sexual subconscious impulse into the field of consciousness and attention, the mind becomes less resistent, more sensitive and susceptible to all sexual stimulation, the imagination runs riot, and every sensual impression is not only not resisted, but eagerly sought for. The slightest stimulating impression that leaves a man with normal acting mind perfectly indifferent and cold, or even evokes a feeling of disgust, such as vulgar, indecently-dressed women, suggestive stories, ribald songs, etc., sets such a man on fire and renders him a helpless slave to an animal passion.

And yet how easy it would have been to stem this tide of passion in the beginning, just with the slightest effort of will power, by not allowing these vague impulses to come into the realm of consciousness, and by concentrating the attention on some purposeful occupation or healthy pleasure.

Thus it can be readily seen that the sexual impulse can never spontaneously intrude itself into the consciousness of a man, and that the *sexual desire grows in intensity and becomes overwhelming only with the active participation of the man's mind and the connivance of his will power.* This fact is of tremendous practical importance for the problem of sexual continence and its solution.

When the mind is clean, and the attention is purposefully occupied, all danger of temptation and sexual missteps is eliminated. The *main center of the sexual desire lies in the brain and in the mind, and not in the body.* No "natural physical necessity" will be felt if one has full control of his mind. *A mere abstinence from the physical act of sexual intercourse does not make a man*

moral, nor is it physically healthy or worthy of his great effort of self-control. His mind is torn asunder by a constant internal struggle between wildly-running imagination and will power, his mental repose is disturbed, his mental or physical efficiency is impaired. *There is only one rational, scientifically correct effective way to control a sexual instinct; that is, to control the body by controlling the mind first.* The easiest and most certain manner of obtaining this control of the mind is by keeping the mind busy and engaged by active, purposeful, and healthy interests. These interests by themselves, as it were, automatically, will keep the attention and all the faculties of the mind engaged, and thus in a natural way, without any special effort, the sexual impulses will be kept in the realm of the subconscious, as inner vague feelings, not interfering with the man's comfort and efficiency nor disturbing his mental repose.

These theoretical contentions are fully borne out by practical observations in regard to the influence of the mind on the sexual instinct.

The Influence of the Mind on the Sexual Instinct.

Practical experience shows that no other function of the body is so absolutely controlled by the nervous system and more dependent on the state of the mind than the function of sex. All other instincts and functions of the body, like hunger, sleep, digestion, breathing, etc., are controlled to some extent by mind influences. Different feelings and emotions, like fright, worry, sorrow, etc., check and retard all functions for a while, but they cannot retard them for a long time, and surely cannot stop them altogether. How different it is with the sexual impulse. Different mental states can not only subdue the sexual impulse for many, many months, but they can completely check it for an indefinite period of time. The every-day experience of any man will show that when a man's mind is occupied by any healthy and normal interest, when he is absorbed by mental or physical work, when his energy and attention are used up in a purposeful and productive occupation, no lascivious thought

enters his mind, no sexual impulse disturbs his repose. It is only when the mind is idle, and the body did not work off its surplus of energy, that the fancy runs riot and a man is bent on mischief. Take one hundred cases, when a man or boy breaks loose and takes a plunge into the quagmire of prostitution, analyze the circumstances and influences that bring about this misstep, and you will find that in ninety-nine of these hundred cases the hero of this adventure is more of a victim than an active, deliberate perpetrator. Usually it is first a case of overeating rich, stimulating food that heats the blood and clouds clear judgment, the imbibing of sweet wine or alcoholic liquors still more excites and intoxicates our hero; heavy smoking adds its effects to ever-increasing dulling of intellect and checks the normal feeling of self-control and discrimination; vulgar jokes and smutty stories still more stir up sensuality; add to it vicious and stupefying influence of low-grade dancing halls, and as a last and finishing touch, the powerful effect of "gang-spirit"—the hue and cry of

the crowd of "boys," and you will easily see how our hero is swept away like a frail vessel by a mighty tide into the abyss of prostitution. This picture of every-day life plainly shows that under ordinary circumstances boys and men do not get into mischief unless their minds are idle and their judgment is clouded, unless their nerves are high-strung and their senses are inflamed by intoxicating and stimulating influences. This fact carries in itself a very valuable and encouraging lesson to those clean-minded and refined boys who make sincere and earnest efforts to overcome all possible temptations and to carry securely the treasure of their untainted manhood thru the trying and stormy period for a happy family life in the future.

In a nutshell, this lesson reads: Keep your mind busy and your body working; do not overeat; avoid alcoholic and stimulating liquors; be a moderate smoker; avoid vulgar and vicious company; keep away from degrading and low temptations that you know will drag you down into the abyss of vice and shame, and you will find

that it is not so hard to keep in the straight path, *if only you do not take any chances from the very start.* There is *no better antidote for a young man against the annoyance of sexual excitement than athletic work and an athletic mode of life.* Any and all physical sports and games, particularly outdoor in the fresh air, moderate eating and sleeping in a hard bed in a cool room, active and busy life and avoidance of narcotic, stimulating or body-weakening habits and drinks will make you physically strong and will render the problem of sexual continence an easy and natural task for a *long period of time.*

Such is in brief words the structure and function of the sexual system of a man, and such are the practical conclusions and advices based on these theoretical facts. It is the writer's hope that his words of enlightenment and counsel may keep some of the boys away from the "danger zone." Yet it is natural to expect that in spite of the best warnings and the best intentions of the boys themselves, there will always be such, who, thru lack of will power, light-

mindedness, or vicious influences of the older companions, will succumb to the impulse of the moment and will trespass the forbidden territory of "sowing wild oats."

Mainly for these victims of their own indiscretions the writer devotes the second part of this book—"The Pathology of the Sexual System." Let them know the dangers they are courting, let them know the possible influence it may have on their own health and the health and happiness of their future family. Should they be unfortunate enough to contract a venereal disease, it is to their own interest to know all the possible complications and developments of these diseases; to prevent, thru intelligent handling of their cases, all the evil consequences and to protect themselves from a damage that so often follows ignorance, neglect, and indifference to the sickness.

Pathology (Diseases) of the Sexual System

Before entering into detailed consideration of the pathology, i. e., diseases of the sexual organs, it should be stated that while the bulk of these diseases is of venereal character—that is, acquired thru some abuse of the sexual function or thru unclean intercourse—there is a large number of diseases that may develop on and affect the sexual organs without any fault or indiscretion on the part of the patient. First, the sexual organs, like any other part of the body, can be the seat of different inflammations, tumors, accidental injuries, etc., and in the case of any grave general sickness the sexual system is naturally involved and suffers to a greater or smaller degree. Second, the sexual organs present very often congenital (inborn) defects of development, varying to an enormous degree in individual cases. There are also several non-venereal acquired diseases. Most of

these conditions are practically unknown to the public, and quite often the afflicted victims are terror-stricken and driven to despair thru ignorance of the true nature of their case, laboring under the idea that their condition is due to a venereal infection or some indiscretion on their part. For this reason, we shall briefly consider these conditions.

Congenital (Inborn) Non-Venereal Diseases of Sexual Organs.

Among congenital non-venereal abnormal conditions possibly the most common is the *long and tight prepuce*, which in a good many cases gives rise to many nervous complaints and minor disorders. It is relieved usually by operation or *circumcision*, which has been adopted by the Jews and Mohammedans as a religious procedure. As to the sanitary advantages of circumcision, discussed so often, it must be admitted that while it is not necessary in all cases, in general it is undoubtedly a useful procedure. It does not lessen any chances of venereal infection, which can be seen

from the fact that the Jews proportionately contract Gonorrhea as often as the Gentiles; but it does undoubtedly lessen the chances of infection with Chancre, soft or hard, and in cases where Chancre is contracted, the treatment in a circumcised case is a good deal easier than in the non-circumcised.

Another congenital abnormality of practical interest is an "*undescended testicle.*" It is not known commonly that the testicles are not formed in the scrotum, that they descend there before the birth of the child from the abdominal cavity. But in some cases the testicle does not descend until later years of childhood, or does not descend at all. In these cases the retention of the testicle takes place either in the abdominal cavity or in the groin (inguinal canal). In this location particularly it is likely to cause pain and distress, and it can even atrophy and dry up from pressure of the tissues, if not relieved by operation.

Non-Venereal Acquired Diseases.

There are a number of non-venereal acquired diseases that may occur on sexual

organs. Among these should be mentioned, first, *Varicocele.*

Varicocele is a very common condition in young men, and is manifested by dilation and enlargement of the veins that go thru the earlier described spermatic cord to the testicle. It occurs mostly on the left side, and is felt like a snake-like cord twisted on itself, producing an unpleasant, dragging-down, heavy sensation, and occasionally real *neuralgic pains in the testicles.*

Varicocele is usually a harmless condition, passes away by itself as a man grows older, and, if annoying, can -be relieved by a snugly-fitting suspensory bandage.

Another very common condition which occurs in the sexual organs is *Herpes.* Herpes occurs as grouped in a circle, small superficial vesicles or blisters on any part of the sexual organs. It is perfectly harmless and dries by itself in a few days, but it has a peculiar tendency to recur again and again, particularly after an intercourse, even a clean one. The cause of its appearance is to be sought in a certain nervous

debility, local or general, but different local conditions, like a long and tight prepuce, predispose a man toward its outbreak.

Herpes very often affects men who have had some venereal disease in the past, particularly Gonorrhea, and naturally those men become very uneasy and worried by breaking out of Herpes, fearing this may be a relapse or some after-development of the old disease. It is true, tho, that a man afflicted with herpes is very much predisposed to chancroidal infection, and as herpes often resembles the beginning of Chancroid, the opinion of a competent physician should be secured to make proper diagnosis.

It is also of practical interest to know that a number of various skin diseases can start from and be limited to the sexual organs, appearing as red spots, patches, warts, etc. These cases, by being mistaken for venereal infection, often give rise to unnecessary worry and wrong treatment.

Masturbation (Self-Abuse).

Before entering into a consideration of the venereal diseases proper, we shall consider a sexual disorder which is extremely important on account of its widespread character, but the origin of which is just the opposite to venereal diseases, as it is due not to sexual intemperance, but to sexual continence. This disorder is masturbation or self-abuse, and it is rather a sexual vice or bad habit than a disease. Self-abuse is so widespread that some medical writers claim that every man has been masturbating at some time or other in his life. The chief danger of the masturbation habit lies in the fact that its victims are not only adults, but children as well; in fact, children constitute the main bulk of its victims. The habit of masturbation takes its roots ordinarily very early in childhood, even babyhood. It is a well-known fact that babies and small children, in their search for amusement and through innocent curiosity as to different parts of their own body, like to handle their sexual organs. They easily detect a very vague and pleas-

ant sensation resulting from it. This gives them the impulse and stimulation to repeat this action, and thus is formed the first link of the chain of the habit that may prove later to be a curse of the child's life. This is the reason why mothers should watch any tendency to bad habits in children from a very early age, at the time when the formation of the habit can be checked more easily. Should the child escape the danger of masturbation habit early in life, the second equally dangerous period of temptation is the school time. It is a peculiar and most dangerous feature of the masturbation habit that its victim feels a strong impulse and gloats in a beastly satisfaction if he succeeds in initiating a younger and innocent boy into his habit. This is why one or two vicious boys in a class can demoralize and mislead in their vice the whole class of younger boys. The school age up to adolescence and puberty is the time when the masturbation vice rages in its greatest fury, and then it gradually begins to abate. Getting older, the boys learn in some way, mostly from quack

literature, how destructive and dangerous is this habit, and most of them gradually drop it, never to resume. But some of them become so enslaved to the habit that they cannot resist its lure, and this is the class to which mostly belong the adult masturbators. Masturbation has been extensively exploited by the quack medical literature, which claims that the habit inevitably leads to most terrible and destructive diseases, such as paralysis, insanity, tuberculosis, loss of sexual power, etc. These statements are far too sweeping and exaggerated. Discussing the dangers and evil consequences of the masturbation habit, we have to consider separately the effects of it on children on one hand, and on adolescents or adults on the other.

The physical dangers and evils naturally cannot be as serious with the adults as with the children. First, because the adults know its evil effects and use self-control to limit their self-indulgence to the minimum; second, the physical loss of seminal fluid with each ejaculation can be easier and with less danger spared by a grown-up body, as

the vitalizing fluid of the sexual glands is not needed so urgently any more for the growth and development of the body, so the damage to an adult from the habit of masturbation is mostly limited to his nervous system and to his mental and moral forces.

This fact easily explains why the masturbation habit is so destructive and dangerous to younger children. They are unconscious of the evil character of their habit, and helplessly yield to the lure of impulse; neither can they exert any self-control. On the other hand, every drop of sexual fluid they lose means that much of vitality and life energy taken away from their growing body; it means that much loss of the natural source of their physical health and development. It is natural, therefore, that excessive and persistent masturbation in younger children may lead to physical exhaustion, may blunt their bodily growth and dwarf their mentality, may lead to development of epilepsy, idiocy, and other mental diseases; in a word, it may blight the child's life forever

and render him a physical and mental invalid. The older the victim of masturbation the smaller is the physical damage resulting from this habit, and the more this damage is transferred to his nervous system, mentality, and moral character.

The changes that take place in the personality of a habitual masturbator are a natural result of slowly-accumulating influences, exerted by the habit on its victim.

There are two cardinal features in the psychology of every masturbator which give us a keynote toward understanding his character, and serve as a starting point for all subsequent changes in his personality. The first is that every masturbator of age knows that he is doing something wrong; that he is committing a shameful act against his manhood and against Nature. As a result, he reproaches and pledges himself to shake off this degrading habit. But his will power is weak and temptation is strong, and he again and again fails in his efforts and falls back in the clutches of his master. This internal conflict gradually unnerves him and puts an indelible stamp

of shiftlessness and weakness on his whole being. A feeling of guilt and shame makes him morose, seclusive, depressed, and unsociable. Particularly characteristic it is for an inveterate masturbator to avoid the company of all girls, and those pleasures and games that are so attractive to normal and healthy boys. A masturbator gets bodily weak, flabby, and unfit for any muscular exertion or physical work. The changes in his nervous system and mentality are still more striking. He becomes shiftless and restless, and at the same time shows signs of nervous weakness and irritability. He sleeps bad and feels in the morning more tired and broken up than before going to bed; he is subject to headaches; he gets easily tired, and is unable to concentrate his attention for any sustained mental effort. His personality also changes markedly; he becomes deceitful, self-retired, cowardly, and grouchy. His physical appearance reflects well the internal conflict and the slow sapping of his physical and mental strength; his look is haggard and dejected; the eyes are dull and deeply encircled with blue

rings underneath; his hands are cold and clammy; his gait is slow, feeble, and uncertain. In a word, strong, happy, and full of life a boy can in a few years or even months be transformed under a loathsome mastery of the masturbation habit into a wreck and a mere shadow of his former self. There is no more sad and pathetic picture than that of an inveterate masturbator, who wants and cannot break his slavery to the habit. Such cases can be redeemed back to health by a long and tedious treatment. Much easier, and, in fact, the only proper way to fight the scourge of masturbation is by spreading knowledge of its dangers among the boys.

The prevention of the formation of the habit can best be affected thru the same physical training of the boys that has been above recommended to check unnecessary and premature sexual excitement. Give to a boy whom you suspect or know to be in danger of forming the habit of masturbation a friendly help; take him out into the fresh air for games and physical sports; distract his attention by physical and mental

pleasures; regulate his diet and mode of life; even bring him into companionship with clean and refined girls, and you may save him from a slow waste and destruction of his physical and mental health and save his manhood for a healthy and happy family life.

Venereal Diseases

Venereal diseases present a unique and most difficult problem of our days. To realize fully the enormous scope and difficulties of the control of venereal peril, several social factors bearing on this problem must be considered. Such are: The attitude of society to the sexual problem; double standard of morality; prevailing ignorance on the subject on the part of the public; self-medication and medical quacks; the sources of venereal infection, and the best methods of its control.

The Conspiracy of Silence.

Medically, venereal diseases belong to the oldest and best worked out class of diseases, tho their treatment only recently, due to the new discoveries, has been put on a definite and secure basis. Socially, their tremendous importance for the health, morals, and happiness of a community is just being disclosed to society, which here-

tofore, in its prudish and ostrich-like attitude, attempted to solve the problem of venereal peril by ignoring it and suppressing free discussion or preventive education along these lines. Naturally, the evil unchecked, tho driven underground by a prohibition of publicity, has spread to such a monstrous size that society could not any more feign not to see it and to continue the old policy of "conspiracy of silence."

Double Standard of Morals.

Among factors bearing on the causes of sexual intemperance and venereal peril, possibly none stands out as clearly and prominently as the so-called double standard of morals. We all know that society has adopted and hypocritically approved a double code of sexual morality for men and women. What is considered to be natural and permissible for a man is an offense of morality and a crime punishable by social disgrace for a woman. No man is willing to marry a girl whom he knows or suspects to be of loose sexual morals, and no self-respecting man will tolerate that the fair

name and honor of his sister be attacked or ruined even by a word, not to say in fact. And yet the same man, in full sincerity and in accord with his conscience gives to himself a free license of "sowing wild oats" before his marriage. In fact, many men believe that it is not only permissible, but even desirable for a young man to work off a surplus of his physical manhood before he settles down to family life. How a squandering of the best physical and nervous energy in dissipation, how a waste and perversion of the highest spiritual and moral instinct of love by a degrading purchase of the body of a prostitute, how a polluting of the young and pure blood with venereal poisons can make a man a better husband and father is beyond human reason and common sense to comprehend; but the superstitions and barbaric notions of the good old days are dying hard, and thousands of young men sacrifice their manhood to the deep-rooted traditions and to the slavery of established social habits.

How this double code of sexual morality has developed is probably to be explained

by a combination of several factors. First, a historically developed subjection of the woman to man naturally has led to the domination of man's ideas and laws, and to the interpretation of different facts bearing on the relationship between man and woman in favor of the man. To justify his own license of sexual intemperance and deny the same freedom to a woman, it was easy for a man to declare that the sexual necessity for a woman is not as imperative as for a man, and therefore a woman shall be chaste and pure until the marriage, while the man may suit himself in this regard. There is no scientific proof whatsoever that a woman differs in any way from a man in regard to the sexual instinct. It is true that woman, as an average, is purer, more temperate, less attracted by mere animal, brutal passion, and often seeks or tolerates a physical gratification only as the means to get with it a man's love and affection. On the other hand, a man is more brutal and violent in seeking and satisfying his physical passion, less able to control his sexual impulse, less affectionate and less sentimental in his ex-

pression of love. But this comparative moderation, modesty, and better self-control can be more easily explained by woman's training thru many generations in clean and moral habits of thought and living, by the fewer chances of exposure to evil influences, by less stimulation and intoxication thru liquors and tobacco, and last, but not least, thru fear of public disgrace. The man, being master of the situation, has never tried to develop self-control and will-power in subduing his physical passion, and has cloaked his sexual intemperance and indulgence with a fancied natural necessity. The double moral standard as it is practiced to-day has brought untold misery and has ruined lives of millions of young women who were so unfortunate as to make a first misstep and yielded to temptation. While the male seducer goes on unmolested and unnoticed on his gay round of life, the girl, his helpless victim, has to face all the fury of public disgrace and contempt. Many of them commit suicide, others try to hide their disgrace by a criminal operation and die or

cripple their health for life. Many more, in despair and revolt against the injustice and hypocrisy of public opinion, enter the gates that swing only one way to slow decay and untimely death, the gates of prostitution.

There is no more miserable existence, no more hopeless, no more body and soul-wrecking life than that of a white slave. It is no accident that practically all of the prostitutes are drinking and smoking, and that the majority of them are also drug fiends. In fact, that should rather be credited in their favor, as it shows that with clear judgment and normal senses they cannot endure this degradation and life-long slavery, and, since they do not see any possibility of breaking their chains and redeeming their lives, they drug themselves to forget their misery. Yet even continual drugging cannot dull the agony of their hopeless existence, and many of them welcome death at their own hands, usually thru poison. There is no other occupation or human walk of life where the suicide rate is as high as among the slaves of prostitution, neither is there any class of population where

physical decay and premature death is as common as among the women of the underworld. Let a man or youth who enters a house of prostitution know that by doing so he is not only purchasing a lottery ticket for the prize of a venereal disease, which he seldom misses, but that also with each visit to a fallen woman he drags her down one step lower on the down-grade path of a social abyss. And if he can do this with full knowledge of the social consequences of his act with a clear mind and cool judgment, let him know that he is a man in name only, and that morally he is much more to be despised and branded with social contempt than the painted creature he is ashamed to recognize on the street the morning after.

The Dangers of Ignorance.

There are three main venereal diseases which constitute the roots of the giant tree of the venereal peril, and from which almost all venereal disorders spring out like branches and twigs. They are Gonorrhea, Syphilis, and Chancroid. The first two

easily overshadow in widespread distribution and dangers of complications the third member of the venereal triad, so that chancroid can be considered by far the least dangerous of the three.

A conservative estimate of the spread of venereal diseases, in the writer's opinion, would be that from every hundred men, at least ninety have had at one time or another a venereal infection; that from every hundred cases of venereal diseases, not half of them receive a thorough and scientific treatment, not half of the patients are aware of the seriousness of their condition and possibilities of different complications, and only a minority of them bring the treatment to a complete and permanent recovery. Any physician doing genito-urinary work both in a clinic, hospital, or private practice knows that most of the patients take treatment only until they cure up their pains, sores, and other symptoms of the disease, and not until they are completely cured. As it were, they dismiss the physician; the physician does not dismiss them. As a result of this unsystematic and

superficial treatment, the original disease recurs again and again, only each time it penetrates a little deeper into the system and requires a longer period of time for a complete cure, with less chances for success. Thousands and thousands of men develop serious and deep-reaching complications, sapping their vitality and undermining their strength, complications which would never have happened if the disease had been treated from the start, thoroughly and to the finish. Still another result of this indifferent and reckless attitude is that thousands of men, believing themselves cured, take upon themselves the grave responsibility of entering marriage, taking a pure and fresh girl, the girl they love and revere with all their hearts, trusting and unsuspecting of the terrible danger hovering over her head. The disease-producing germs that have been weakened and stunned but not killed by insufficient treatment, falling on a virgin and fertile soil, take on a new lease of life, and with the fury of a devastating tornado attack and ruin their new victim. A young bride often before

the honeymoon bliss is over is struck down with an acute infection, a mutilating operation follows, and in a few months a beautiful, healthy girl is transformed into a permanent invalid and nervous wreck, deprived forever of beauty, health, and joy of life. This terrible tragedy is not an exceptional case, it is not an overdrawn statement, it is an every-day occurrence in medical practice, and every day adds its new victims of men's folly, criminal indifference, and recklessness born of ignorance.

Self-Medication and Medical Quacks.

That the average boy or man has not the slightest idea about all the possible complications that may develop from a venereal infection is best shown by their attitude in time of such venereal mishap. What is an average boy doing when he discovers that he is a victim of a venereal mishap? The very first thing he does is to confide his shocking surprise to one of his companions, who he knows has already had a similar experience. The experienced friend first gives him a hearty laugh over

his bad luck, and then assuming a wise look, pats him on the shoulder and confidently tells him not to worry, as he "will fix him all right." He gives him a few general instructions, the kind he used to follow in his own previous experience, and sends him to the drug store for a certain kind of pills, capsules, or solutions for injections. If there be no such friend at hand, some other amateur "expert" is consulted; sometimes it is a barber, or even a bartender friend who gives an advice to drive out the sickness by copious drinking of beer. A grade higher in quality, but equally poor and uncertain in results is a consultation with the neighboring druggist, who, not having any more knowledge about the developments of diseases than the average layman, takes up the case with the supreme confidence of an authority and hands over the counter the best advertised pills or solution for injections. The best that can happen to the beneficiary of these consultations is, that he will not see at once any improvement, or that he will feel worse, then he will go to a competent physician and will start

regular treatment. But woe to him if he will feel some symptomatic relief, some checking of the discharge or the pains. This is the time when he is the real loser. Fooled by the temporary improvement and by clearing up of the symptoms of his disease into belief that he is cured or pretty nearly cured, and encouraged in his belief by his equally ignorant and often unscrupulous adviser, the patient resumes his former mode of life and discontinues what little precaution or treatment he has been using. The natural result of it is that a few weeks later, after some indiscretion like drinking alcoholic liquors or dancing, the whole sickness comes back as strong and violent as in its very beginning. Again he resumes his treatment and care, and acute symptoms again quiet down until, under a new provocation, the disease will break out once more. Thus trusting and ignorant victims of venereal mishap, wasting time and often considerable money on their amateur doctoring, let the roots of the sickness untouched, allow it to penetrate deeper and deeper into the body and develop some

deep complication or permanent damage of the sexual system, which is either incurable or at best requires many months of the most painstaking treatment.

Probably the most pitiful of all venereal patients are those unfortunates who either have no friends in whom they could confide, or who, thru a false feeling of shame, do not care to have a personal consultation, and resort to a treatment by mail thru one of the quack medical concerns. In no other class of diseases, in fact in no other walk of life, is human ignorance, suffering, and fear so cruelly and unscrupulously abused and penalized as in venereal diseases.

Shielded from criminal persecution by the secret manner of dealing with their trusting patrons, secure in their shady operations by the fear of disgrace, and a reluctance on the part of their victims to bring to publicity the fact of their venereal infection, these human vultures ply their extortionate trade on thousands and thousands of men. Most extravagant claims, guarantees of cure, regardless of what the sickness is, most blatant, alluring adver-

tisements and offers of free examinations—these are the stock of trade used by these leeches waxing fat on human ignorance and degradation. Fortunately, in recent years the attention of State and Federal government has been called to the use of the mail by these benefactors of suffering humanity for extortionate purposes. Energetic steps have been taken to curtail and abolish this criminal correspondence game and to close up many of these establishments. Public opinion is aroused on the subject, and it demands that the newspapers refuse and eliminate all fraudulent and alluring ads. of quack medical institutions. In the meantime the campaign of information and enlightenment should be carried on, and every young man should be informed that reckless and indifferent treatment of venereal diseases, self-doctoring, cures by correspondence, and "sure cures" by medical quack institutes may prove as disastrous as the disease itself.

Prostitution.

Considering the sources of venereal infection and the best possible methods of

control of venereal peril, one strikes at once the sinister problem of prostitution. Prostitution is undoubtedly the main source of venereal infection, but the term prostitution should be taken broadly. There are two kinds of prostitution: one is openly organized in red-light district, tolerated by society, and regulated by the police; and another, secret, clandestine, practised by thousands of women and girls in large towns, women who do not make a living from the "life of shame," but secretly indulge in illicit sexual intercourse for a side income or presents, while trying to keep up an appearance and social standing of a "respectable" woman. Which kind of prostitution is more dangerous to morals and health is not settled.

Many medical and social authorities believe that a woman secretly prostituting herself is more dangerous and more liable to spread venereal infection than an open registered prostitute, just because she is secret, and does not have to submit to medical inspection at any time. Yet it must be admitted that the medical inspection

of houses of prostitution has failed to bring about the expected results and to give protection from venereal infection. It is well established that every prostitute is infected with gonorrhea or syphilis, and mostly with both, and that they practically at all times carry this disease in active or latent form. The degree to which they can transmit a venereal infection to a man depends mostly on the stage of the disease in the prostitute at the time of her visit by a man; that is, one time danger is greater than at another, but *at no time the perfunctory medical examination given to prostitutes as it is conducted under police regulations can give the slightest guarantee of safety from venereal infection.* All it can establish and claim is that no acute or active symptoms or lesions have been found on examination, and that there is no urgent necessity to move this woman to the hospital as an evident and prolific source of venereal infection. In other words, medical inspection can single out and isolate a few of the most flagrant and most evident cases of venereal diseases, but the women

not excluded by medical examination from plying their trade are just as able to carry over venereal infection to a man as their sisters removed to the hospital. In fact, the reduction in the number of venereal infections because of isolation of a few most flagrant cases is so slight, and the increase in the number of venereal infections due to increase in numbers of exposures by men, who are misled into a feeling of security by alleged medical inspection, is so great that many medical authorities and sanitarians consider medical inspection of houses of prostitution useless and even harmful.

As mentioned above, a "secret" prostitute and private lady friend is not a bit more safe and secure from transmitting venereal infection, and in many cases, contrary to the expectations and beliefs of men, are much more dangerous and treacherous in this respect. It is almost humorous, if it were not so pathetic, to see how dumfounded and shocked are these youthful transgressors of the forbidden path, when a physician declares that the exceptional favors of their lady friend resulted in a bad

case of gonorrhea or chancre. They are sincerely indignant at the reflection on the honor of their affinity, and are almost ready to doubt the competency of the physician, until a microscopical examination and the subsequent course of the disease convinces them of the sad truth. On occasions of this character a man as a rule is always inclined to blame the woman and accuse her of gross deception. Such attitude is entirely wrong, and is based on the ignorance of clinical facts. The truth of the matter is that while a man can always tell when something is the matter with him, and can always notice or perceive some evidence of the venereal disease, such as a discharge, pains, sores, etc., a woman hardly ever is aware of her disease. In fact, women feel pains, discomfort, and suffer acute distress only in the acute stage of venereal diseases, at the very beginning of the infection. But after this acute period is over, they may sincerely believe themselves well, as no pain or any symptom unusual for them calls their attention to it. Therefore the noble indignation of these trespassers on forbidden ground

is unjust and unwarranted, and the only party to blame is their own ignorance and lack of self-control.

The only sure way to avoid a venereal exposure is to avoid the exposure and to keep away from the danger zone.

Practical Prophylaxis (Prevention).

Different methods have been suggested to minimize the chances of venereal infection. One of them is the use of rubber protectors, "condom," but the protection they give is far from certain, as they occasionally tear, and also the infection may be implanted in parts beyond the protected area.

The United States Army and Navy, as well as some European governments, have introduced some preventive ointments for syphilis and injections for gonorrhea, but these preventive measures to be effective must be applied at once after the exposure, and in a most thorough and careful manner.

Venereal Diseases.

As mentioned before, there are three venereal diseases, which constitute the main bulk of venereal cases, and which are at the bottom and the cause of most venereal disorders. They are Gonorrhea, Syphilis, and Chancroid. These diseases are produced each by a different and separate kind of germ; they develop independently one from another, and they can never change one into another. But they can coexist in one patient; i. e., a man can get at the same time gonorrhea and chancroid. If this double infection takes place, then both diseases have to be treated at the same time. The fact that a man has already one disease in a chronic form does not prevent him from getting another. Equally so, the fact that a man has already once had a venereal disease does not prevent him from contracting it a second time, nor does it make it less likely to occur. This is particularly true in the case of gonorrhea and chancroid, but much less in syphilis, in which an infection for a second time is rather rare.

Prognosis (Prediction as to the Future Development) of Venereal Diseases.

The popular mind usually estimates the danger, seriousness, and probable duration of any disease by the amount and intensity of pains, by the violence and rapidity of its development, and by the degree of disability that the sickness inflicts on a man. Nothing could be farther from the truth than this belief in the case of general internal diseases, and still more in regard to venereal diseases. The most destructive, most malignant incurable diseases in most of the cases begin slowly, insidiously, without acute and severe pain, hardly attracting the attention of the patient, and for a long time not interfering at all, or very little, with his working capacity. Often the patient wakes up and takes notice of the disease only after it has gotten deeply into his system and holds him in its clutches, never to release him. On the other hand, many acute diseases, that start with a high fever, violent pains, and other alarming and terrifying symptoms to the patient,

under intelligent care pass away just as quickly as they come, and leave the patient without any permanent damage. This is particularly true in regard to venereal diseases. *Do not judge the seriousness and dangerous nature of a venereal disease by the amount of pain and discomfort it brings to you.* In no other respect are the venereal patients as much misled and fooled as in this, and no other mistake brings as much unnecessary and preventable suffering and financial loss. Only a competent physician, after a careful observation and repeated examination with the special methods, can give a correct estimation as to the danger and probable duration of the disease.

Remember also that the best and most learned specialist cannot promise you a perfect cure in a specified time, but he can give you only a probable duration of the disease, liable to be changed by many unforseen circumstances; and keep away from a man who "guarantees a sure cure" in so many weeks or months. The treatment of venereal diseases can never be forced and hurried thru in a certain period of time,

and those patients who insist on a doctor's pushing the treatment in forced marches always strikes a bad bargain and are doomed to disappointment by a relapse of the disease or the development of serious complications.

Gonorrhea.

Gonorrhea, commonly termed a clap, is unquestionably the most widespread of venereal diseases. So common it is, so insidious and deceiving in its appearance, that most men fail to realize its serious and often dangerous nature and regard it as a trifling affection. How often one hears boys repeat this hackneyed and silly expression, "I would rather have a clap than a bad cold." What childish recklessness, what arrogant ignorance, and how terribly it is punished and regretted later on!

The more medical and social workers study the clinical and social ravages produced by gonorrhea and its complications, the more they are impressed by its enormous and far-reaching destructive power on human health and happiness. It is a well-

established opinion among the medical scientists at the present time that the total amount of damage and suffering to individuals and to society at large produced by gonorrhea falls not far below that produced by Syphilis, which is justly known as a black scourge of humanity. Gonorrhea is considered now a very serious disease, requiring, for a complete and permanent recovery, long and painstaking treatment. The complications of gonorrhea are numerous and far-reaching. *Ninety per cent of inborn blindness in children* in institutions for the blind are *due to Gonorrhea*, and tens of thousands of little sightless victims are a pitiful evidence of the disastrous consequences following the neglect or indifferent handling of Gonorrhea cases. It is also known that possibly half of all operations performed on women are due to neglected or unrecognized cases of Gonorrhea, and thousands and thousands of young women become permanent invalids thru the ignorance or indifference of their husbands. Only a Genito-Urinary specialist, who sees how many of these cases are mistreated or

untreated beeause they are regarded by the patients as trifling and not worthy of any partieular attention, who sees how these cases, once the siekness takes deep roots in the body, drag on for months and months in spite of the best treatment; only a physieian ean realize to the full extent how seriously and carefully eaeh ease of Gonorrheal infeetion must be handled. The respeet and fear of Gonorrhea eomes to young men only after a sad and distressing experience as an afterthought. How mueh better it would be as a forethought. It is the writer's hope that the following lines will serve as a torch of knowledge, shedding light and guiding to safety the traveler through the darkness and dangers of sex ignorance.

Diagnosis (Recognition of Gonorrhea).

Gonorrhea is an inflammation of the lining of the urethral canal, produeed by a certain kind of germ ealled *Gonococci*. These germs are so small that millions of them ean be found in one drop of pus (matter), and they ean be seen under a microseope

grouped in pairs, and resembling in shape the halves of coffee beans put together. Gonorrhea is also called a *specific urethritis*, which means an inflammation of the urethra caused by a specific germ, to be distinguished from a *simple non-specific urethritis*, produced by other germs not Gonococci.

There is a great difference in seriousness and possibilities of developing various dangerous complications between real Gonorrhea, i. e., specific and simple non-specific urethritis. Simple urethritis is a mild and harmless catarrh of the urethra, which ordinarily clears up in from one to two weeks with a very simple treatment and even without treatment. Simple urethritis never leads to any deep or dangerous complications, never goes into the blood of the patient, and does not carry over affection to the wife and children. Unfortunately, from every hundred cases of urethritis, the majority of them, not less than ninety per cent, are real Gonorrhea, and the balance of ten cases are simple urethritis. For a man who has contracted a venereal affec-

tion of this character it is of greatest importance to determine whether his case is a simple urethritis or real Gonorrhea; but this is not as simple as could be desired, and as most of the patients believe it is. It is absolutely impossible to differentiate between real Gonorrhea and simple urethritis by the clinical appearance of the case or to estimate the seriousness and duration of the case by the visible symptoms, such as the amount of discharge, intensity of pains, etc. Not only the patient, but *even the physician can not establish the presence of Gonorrhea in the case without a microscopical examination.* A man who claims to be able to estimate the nature and seriousness of the case from the looks of things is either an ignoramus or impostor, or both.

Clinical Course of an Acute Gonorrhea.

The first signs of Gonorrhea usually appear not before two and not later than five days after unclean intercourse. This is the so-called *incubation period*—a period that differs in length in various diseases. The

first thing that attracts the patient's attention is a slight itching or tickling feeling and a sense of heat in the end of the penis. From twelve to twenty-four hours later a swelling is noticed at the opening of the urethral canal, and a whitish discharge begins to ooze from the canal. This discharge begins to increase rapidly in thickness and amount, and soon a greenish yellow thick pus begins to flow profusely. Correspondingly, the swelling and inflammation increase more and more, and urination becomes more difficult and painful, very often so agonizing that the patient holds the urine as long as he possibly can. *Usually it takes from one to two weeks until the sickness reaches its climax, then for a week or two it stands at the same height, and from the third or fourth week it begins to go down,* the discharge diminishes in amount, turns to creamy white, then becomes thinner, slimy, the urine becomes clearer and clearer, and *in five to six weeks from the beginning of the disease the patient recovers completely.* This is the course of a somewhat normal case of Gon-

orrhea, with smooth, regular development and without any complications. *A man must consider himself very lucky if he recovers from Gonorrhea in five to six weeks completely.* Only a small minority of all Gonorrhea cases run so smoothly, probably not more than 25 to 30 per cent. The majority of the cases, sometimes in spite of the best treatment and the best care, develop different complications, which increase the duration of the disease for a much longer period.

Complications of Gonorrhea.

In the beginning of Gonorrhea the inflammation is limited to the front part of the urethral canal, but in many cases the inflammation goes in deeper and spreads to the rear part of the urethral canal nearer to the bladder.

Deep Gonorrhea.

Acute deep Gonorrhea is usually brought about by some indiscretion on the part of the patient, such as violent physical exercise like running, jumping, dancing, or it

may be also produced by drinking of alcoholic liquors or by strong and improperly done injections at the hands of self-doctoring patients. It develops usually from the third or fifth week from the beginning of the sickness. The first symptom of acute deep Gonorrhea is the increase in frequency and painful urination. The most characteristic feature is that the *pains are not felt in the beginning or during the act of urination, but right at the end of it*, due to spasmodic contractions of the deep urethral muscle on highly inflamed parts. Another distressing feature is the frequency and urgency of urination, so that the patient cannot hold back his urine for a moment, but has to void it immediately. One more symptom that often misleads the patient into the belief that he is getting better, while in reality the opposite is true, is a rather *sudden stoppage of the discharge*, which has been rather free. At the same time quite often a drop or two of bloody discharge appears at the close of urination, accompanied with the intense spasmodic pains mentioned above. This combination

of symptoms makes the acute deep Gonorrhea a most distressing and alarming complication to the patient, and frequently he wakes up for the first time on this occasion to a full realization of the serious and dangerous nature of Gonorrhea. Acute deep Gonorrhea, under intelligent care, subsides and quiets down in two to three weeks, but for a complete cure it takes from six to eight weeks more, so that all together these cases take from two to three months. The importance of Acute Deep Gonorrhea lies mainly in the fact that it indicates that Gonorrhea Germs have penetrated deep into the system, opening a gateway for other deep and serious complications.

Gonorrheal Inflammation of the Testicle (Epididymitis).

The nearest place for Gonorrheal germs to invade from the deep Urethra is that part of the testicle which consists of the twisted and folded on itself spermatic duct; this part is called the *Epididymis*, which means the *appendix of the testicle.*

Epididymitis starts usually quite abruptly, from three to five weeks from the beginning, after some physical exertion, like too fast or too much walking, running, jumping, dancing, wrestling, etc. It starts with a high fever, headache, feeling of heat and weight, and agonizing pain in the testicle. Every motion and walking becomes impossible and the patient has to take to bed. The testicle in its rear part becomes swollen, sometimes to twice or even more its normal size, and hard. Under proper care, the acute symptoms of pain and swelling *subside in two to three weeks* and the patient is able to resume his work, but a part of the swelling and hardness remains and can be felt for many, many months, until it gradually disappears thru slow absorption; yet in some cases a small, hard nodule remains forever. The main danger of Epididymitis is just in this very possibility, that the spermatic duct may be partially or completely obstructed and blocked permanently by the inflammation, in consequence of which no spermatozoa can go out from the testicle of this side, and *if*

Epididymitis occurs on both sides, which happens often, then obliteration of the spermatic ducts is complete; in other words, *the man can never have children—he becomes sterile.*

Gonorrheal Buboes.

Among acute complications of Gonorrhea should be mentioned also buboes, very much dreaded by the patients, who are pleased to call them, for some reason, "blue balls." Buboes are a swelling of the glands in the groin, which can be felt as hard and tender knots. Gonorrheal buboes are very harmless, usually go down promptly under treatment, and very seldom form an abscess.

Chronic Gonorrhea (Gleet).

A case of Gonorrhea that lasts longer than three months is called chronic. There is a number of different conditions that may keep Gonorrhea up for many months and even years. Chronic Gonorrhea differs from acute by the absence of pains, swelling, or any other violent or acute symptom. The discharge is either very slight, just a

drop in the morning (so-called *good morning drop*) or none at all. Frequently a man feels no discomfort of any kind and does not notice anything abnormal, except possibly a slight pasting and glueing of the urethral canal, in which cases only a close examination of the urine will show that it is full of shreds; but a large majority of the cases of chronic Gonorrhea is accompanied with more or less copious discharge, commonly called Gleet.

Chronic Gonorrhea may be limited either to the front part of the Urethra or to the deep rear part.

Prostatitis (Gonorrheal Inflammation of the Prostate Gland).

A most frequent cause of Chronic Gonorrhea is the extension of the Gonorrheal infection into the Prostate Gland, which, as mentioned above, lies deep between the Urethra and the bladder. Once Gonococci have penetrated into the deep recesses of the Prostate Gland, they secure there a very strong foothold, and it is very hard to reach and dislodge them with an ordinary treat-

ment. Gonococci may lay dormant in the Prostate Gland, producing very few active symptoms and very little annoyance and discomfort to the patient, who may consider himself well, or pretty near well, and suddenly, after some indiscretion like dancing or use of alcoholic liquors, the germs take a new lease of life and precipitate an acute outbreak of Gonorrhea. The patients as a rule believe that they have contracted a fresh case, while in reality it is a case of reinfection from their own prostate gland. These cases of rekindling of old Gonorrheal prostatitis can repeat themselves many, many times, until the true cause is discovered, and the Prostate Gland is cleaned up thoroughly.

A chronic Gonorrheal Prostatitis is an extremely common infection. Probably not less than half of the Chronic Gonorrhea cases are due to the involvement of the Prostate Gland. The tissue of the Prostate Gland is extremely rich in nerves, and its chronic inflammation, thru the pressure and irritation of different nerve endings, produces pains and discomfort, not only locally

in the genital organs, but also far away in different parts of the body. Locally, the *symptoms of chronic prostatitis are a whitish, milky discharge from the urethral canal,* particularly *after urination or defecation* (stool), and *a deeply-seated feeling of weight or deep burnings.* From distant pains produced by the irritation of the nerve endings, most common are pains in the legs, in the back, in the region of the stomach, and headaches. In fact, very often patients come complaining of pains in different parts of the body, without having the slightest suspicion that the cause of it all is their infected Prostate Gland. One of the most distressing features of chronic Gonorrhea prostatitis is its powerful, depressing influence on the patient's spirit and mentality. No other complication of Gonorrhea wears down a man's courage, self-assertiveness, and joy of life, none of them makes a patient so disheartened, worried, and despairing of recovery as does chronic Prostatitis. Gonorrheal Prostatitis, under the best treatment, takes usually several months for a complete cure, and the task to keep up a

patient's courage and confidence in his recovery taxes as much the physician's skill as the treatment itself.

Gonorrheal Strictures.

Next to Gonorrheal Prostatitis in frequency and practical importance should be mentioned stricture. In fact, in many cases it is much more dangerous, as the old neglected stricture can never be cured completely, while prostatitis, even in the old cases, almost always can be brought to a satisfactory condition.

The stricture is a scar, forming gradually and slowly after an uncured Gonorrhea. Usually these scars are a result of row patches in the urethral canal that quite frequently develop during a chronic Gonorrhea. These patches, so-called *granulation patches*, what the public calls "wild flesh," are a common source of pains and persistent discharge, lasting for many months. These granulation patches can be discovered only thru a special instrument called *urethroscope*, which introduces electric light in the urethral canal and makes pos-

sible a clear and exact inspection of its entire surface. If these patches are not discovered or not properly treated, they may heal up slowly by themselves, but not in a natural way with the restoration of the normal size and smooth lining of the canal. They will heal up with a scar that has a peculiar ability to shrink and to contract. As a result of it, the normal (lumen) channel of the urethral canal is interrupted, twisted, and obstructed, partially or completely, which leads to a retention or a stoppage of urine. The granulation patches are soft in the beginning, and can be cured without difficulty in very few weeks or months; but after they have turned into a stricture the treatment is immeasurably harder and longer. In fact, the *very old strictures cannot be cured completely, but only relieved temporarily.*

The main danger of a stricture is its slow and insidious development. It takes many months for a granulating patch to turn into a fresh stricture, and it takes years to form an old stricture. For months and years a patient may have no discom-

fort nor symptoms sufficient to call his attention to his condition, and by the time he begins to feel some annoyance and to notice some disturbance, the stricture is already old and incurable. Therefore it is highly important for any man who has had the misfortune to contract Gonorrhea to secure a positive assurance that he is in no danger of developing a stricture later. The active symptoms of stricture are: (Gleet), a *slimy discharge, particularly in the morning; frequency of urination and a slow, dribbling, weak stream of urine;* but, as mentioned above, these symptoms develop long after the stricture is formed, and no man should wait for their development.

Gonorrheal Rheumatism.

The last, and by no means a rare complication of Gonorrhea, is rheumatism. Gonorrheal Rheumatism usually sets in abruptly at any time in the course of disease, and commonly attacks ankle, wrist, knee, or elbow joints. Clinically, it strikingly resembles a common acute rheumatism, but the treatment which is efficacious for the

common variety of rheumatism is perfectly useless in Gonorrheal. Gonorrheal Rheumatism is a very serious complication; it causes a good deal of suffering, it takes many weeks or months for a complete recovery, and in many cases leaves behind stiff joints and permanent disability.

Treatment of Gonorrhea.

We shall proceed now to describe briefly the general principles and methods of the treatment of Gonorrhea and its complications, as we believe that the intelligent understanding of these methods will help men afflicted with Gonorrhea to avoid blunders of self-doctoring and exploitation by ignorant impostors and unscrupulous medical quacks. The acquaintance with scientific methods of treatment of Gonorrhea considered the best at the present time should prove conclusively to these men that to protect themselves against dangerous complications and permanent injurious after-effects of Gonorrhea, they should not trust their health either to friends ever ready with advice nor to the alluring and high-

sounding promises of quacks; it would show that *there is no short cut to a cure of Gonorrhea;* that this cure can be effected only by systematic and persistent treatment at the hands of a competent physician.

The first point of importance to remember in the treatment of Gonorrhea is that Gonorrhea is essentially a local disease, and that it penetrates into the blood in the whole system very seldom; in fact, only in one complication, Gonorrheal Rheumatism. This fact readily explains why the *main treatment of Gonorrhea is local,* and why the internal treatment with drugs is of secondary importance, and in many cases can be omitted altogether. Yet the public at large seems to believe as religiously as ever in the magic power of different potent drugs, such as "blue" capsules, cubeba, copaive balsams, santal oil, etc. This medical superstition unfortunately is encouraged and kept up by manufacturers and dispensers of these drugs for commercial reasons, as well as by many healers disqualified by the law or the lack of special training and equipment.

Treatment of Acute Gonorrhea.

The very first request a gonorrheal patient addresses to a physician is to stop the discharge as soon as he can. Should the physician comply with this request, he would show by doing so not only a complete ignorance of the subject, but he would also do a great deal of harm to the patient himself by driving the disease inside instead of outside. The popular fear of a discharge is based on the ignorance of the fact that the discharge in Gonorrhea, like many other symptoms, such as fever, cough, vomiting, etc., in other diseases, are not harmful by themselves, and that in a certain stage of the disease they serve a useful purpose of helping the human body to get rid of the different poisons and disease-producing germs. So in Gonorrhea the thick, greenish yellow discharge helps along the Nature to throw off and to eliminate Gonococci, and until this purpose is accomplished, to check a discharge is not only unnecessary, but absolutely harmful. Therefore, *in the early stage of Gonorrhea* intelligent treatment calls for injection with antiseptic drugs that kill

Gonococci and *rather stimulate a discharge than check it.* Only later, in from three to four weeks, when the character of the discharge shows that all Gonococci are already eliminated, and that therefore the discharge has outlived its usefulness, only then the physician is justified in giving injections with the binding or astringent drugs, that check and gradually stop the discharge.

Ignorance or a deliberate violation of this rule in a foolhardy attempt to make a short cut to a cure has caused, in thousands and thousands of cases, a penetration of Gonorrhea into the deeper organs and has led to numberless complications and injurious after-effects.

The injections can be started usually at once, with the exception of the few very acute cases, where the swelling and pains are so severe that it is necessary to wait a few days before starting the injections. It is in these cases particularly that the use of the internal drugs, usually mild antiseptics, is advisable until local treatment can be started. In making injections, one point should never be overlooked: this is,

to *urinate each time before making an injection;* failure to do this has driven many gonorrheas into the deeper parts.

Diet and a General Regime in Gonorrhea.

The dietetic and general regime in an acute Gonorrhea is just as important as the medical treatment. In the *first three to four weeks as much rest and quiet as a patient can possibly secure* is a very important condition to prevent injurious complications. Too much or too fast walking, running, jumping, dancing, wrestling, etc., should be absolutely prohibited. A well-fitting suspensory bandage should be put on at once. That alcoholic liquors are tabooed is pretty well known to the public, except a very few tyros that still believe that beer can drive out the disease. All stimulating drinks, like coffee, chocolate, strong tea, and sharp seasoned food should be avoided until the acute stage is over. Drinking of plenty of plain water should be encouraged, as the resulting copious urine provides a natural and most efficient drain-

age and elimination of the dirt of the urethral canal. Less meat and more milk and cereals is the best diet for an acute stage of Gonorrhea. There is no objection to moderate smoking. It stands to reason that any sexual excitement or stimulation is extremely harmful and aggravates the condition immensely. Absolute cleanliness must be insisted upon, and the patient must be careful not to spread the disease by soiling with gonorrheal discharge different articles of personal use that may be used by others. He must be careful also not to carry over a gonorrheal poison with the soiled fingers into his own eyes, as *gonorrhea of the eye is a most dangerous disease* that often leads to complete blindness.

Treatment of Gonorrheal Complications.

The closing stage of acute Gonorrhea is the only time when a patient can be allowed to take a part in the treatment by making injections at home after careful and personal instruction by a physician. All the rest of the course of Gonorrhea and its various com-

plications can be handled by a physician only, as it requires a special equipment and a special technic.

Deep gonorrheal inflammation forbids any instrumental treatment. With the first symptoms pointing to its development, all injections must stop until the acute stage is over. The patient is advised to rest, and is given some soothing internal medicine. After two or three weeks the local treatment may be resumed.

Similarly to it is treated Acute Epididymitis (inflammation of the testicle). With the first signs of its development, all injections must stop, and the patient has to stay in bed until all acute swelling and pains are gone, which takes usually from two to three weeks. Locally, cold in the form of ice bags, or heat with the hot-water bottle, are used. They are both good, but in either case the applications have to be kept up persistently. Their selection depends upon individual preference and feeling of relief experienced by the patient. Locally, different ointments are used to reduce and soften the swelling.

Deep Gonorrhea can be cured only by deep injections, with a special instrument called *instillator*, of a few drops at a time of strong germicide drugs.

Extremely useful also and commonly used are *irrigations* with a fountain syringe of large quantities of antiseptic and soothing solutions, which fill up the bladder and effect a thorough flushing of the whole urethral canal. These irrigations are used under most variable conditions, and are often used preceding or concluding instrumental treatment. Their efficacy depends on the systematic and persistent use and a careful and exact grading of the strength of the solutions.

Granulating patches or row spots mentioned above as the source and origin of strictures can be *treated* only by *the urethroscope* described before, by localizing them and touching them up with cauterizing medicines. This treatment is supplemented by *stretching with the steel sounds* and irrigations. The *treatment of strictures* is very similar to this, and mainly consists of

stretching with gradually increasing in size *sounds and irrigations.*

Finally, *Prostatitis is treated mainly by massage of the prostrate gland,* which is done by a finger inserted per rectum. This massage, made once or twice a week, is one of the most valuable parts of the treatment of chronic Gonorrhea, because in no other way can pus and gonococci be eliminated and carried out from the deep recesses of the gland as thru massage. Prostatic massage is usually followed by instillations or irrigations.

Prognosis (Probable Duration and Curability of Gonorrhea).

Treatment of all deep chronic complications of Gonorrhea takes usually from two to six months, and sometimes longer if the case is neglected. Patience and persistence in treatment is an absolutely indispensable condition for success, and patients who take treatment for a while and then drop it because, in their opinion, their case is incurable are throwing away their only

chance of cure. The fact of the matter is that chronic Gonorrhea, if treated properly and patiently, can be considered a thoroughly curable disease. The incurable cases make up not more than 5-10% of the total number of cases properly treated, and these few exceptions are usually neglected old strictures, which of all Gonorrheal complications are the hardest to cure.

Gonorrhea and Marriage.

After the treatment of chronic Gonorrhea is completed; after all visible signs and symptoms have cleared up; after the patient has resumed, with the permission of his physician, his usual mode of life, a momentous question comes up before the patient—when can he marry with an absolute assurance that he will not transmit his sickness to his wife; in other words, when can it be stated that he is absolutely cured? That the answer on this question may mean happiness or misery in life for the patient is realized and recognized by all intelligent people. But it seems to be unknown and commonly overlooked that to

give a positive and definite answer to this question is a matter of great responsibility and of greatest difficulty, even to the most experienced and highly-trained specialist. Only those who know how treacherous are gonococci, what ability they have to lie dormant for many months or even years in the deep recesses of the body and then on some provocation to waken up to new activity, only those know how hard it is to get the system rid of them, and how difficult it is to be sure of their complete elimination. And yet almost in all cases a physician is able to tell with reasonable certainty whether the patient is able to get married without danger of transmitting the infection, but to arrive at such a definite conclusion a physician must undertake a whole series of different examinations and special tests, as only repeated, persistent, negative tests for Gonococci can be accepted as conclusive. A man who comes to a physician and insists that the physician should render his verdict at once demands the impossible, and the hasty conclusion he will force out is not worth much.

URINALYSIS (EXAMINATION OF THE URINE).

The first step in a series of examinations to form an idea of the localization, intensity of gonorrheal infection and to gauge the results accomplished by the treatment is an examination of the urine. Even a plain inspection of the urine gives to the experienced eye of the physician a pretty good idea of the localization and intensity of the case. To get the best results, the patient must call early in the morning with the very first urine kept in the bladder over night, for the reason that the frequent voiding of urine during the day continually washes out the secretion, and thus masks the true picture of the sickness. The physician inspects the urine after it has been voided in two or three glasses—so-called *two and three glasses test.*

A systematic and repeated examination of the urine is one of the most important and healthful procedures in the treatment of Gonorrhea, and no intelligent physician can do without it. In this regard, a word of warning should be addressed to the gonorrheal patients. Let no one fall into the

error of playing physician in his own case and try to look at his own urine at home, drawing his own conclusions. This is surely one of the occasions where a little knowledge is worse than none. No matter how intelligent a patient may be in other respects, his attempts to gauge his condition by the appearance of his urine will end disastrously in blunders, causing unnecessary worry and striking terror into his heart without reason.

Among the most common mistakes of this character is to regard the long shreds swimming in the urine for pieces of tissue which come, they imagine, from their decaying organs, while the shreds are nothing but the harmless mucous so-called *gonorrheal threads*, and the longer these shreds are and the more terrifying they appear to the patient the more harmless they are.

Another common and unnecessary scare is due to a cloudy, dirty-looking urine, often full of *sandy-like sediment* which in reality is not a result of the sickness, but is produced by harmless salts from certain food or drugs. These two examples should be

sufficient to show that for the best interests of the patient the interpretations of the symptoms of the disease should never be attempted by themselves, but should be left entirely to the physician.

The next step after the inspection of the urine is a *microscopical examination of the discharge or a sediment from a urine.* This test is the *most significant of all.* If a physician finds under the microscope typical gonococci even once from so many times, the patient cannot be pronounced cured and free from infection, no matter how well he feels and how successful are all other tests.

If a microscopical examination of the discharge and of the sediment of the urine is negative, i. e., gonococci are not found, then the physician must secure thru massage a *secretion of the prostrate gland* and seminal vesicles and *examine* these fluids *under a microscope for gonococci.* Even this is not sufficient, and the search for hidden gonococci can be made still more effective by a *bacteriological test,* which consists of producing an artificial growth of gonococci from a discharge. This test is ex-

tremely sensitive, but it is complicated. To assure still greater positiveness of the judgment, a so-called *provocative test* can be used. The patient is allowed not only to return to his normal mode of life and unrestricted regime, but for experiment sake is even allowed an excessive indulgence in stimulating food and drink. Here should be mentioned the so-called "beer test," which is based on the fact that beer has a peculiar irritating and stimulating influence on gonococci, bringing them from the deep recesses to the surface, where they can be easily found on microscopical examination.

If all these tests are uniformly negative, then the patient can consider himself cured and free from infection, and can be allowed to marry. But *if a single one of these tests are positive, that is, shows the presence of gonococci, and the rest of the tests are negative, then the case is still under suspicion and requires further watching or treatment.*

It is proper to state, tho, that in certain cases a man may be allowed to marry even before he is perfectly cured from all after-results or complications of Gonorrhea. This

is particularly true in regard to strictures, chronic prostatitis, or hard nodules remaining in the testicles after Epididymitis. The reason for this allowance is that the contagious stage of Gonorrhea does not last always thruout the whole course of the disease. Quite often the gonococci are dying out before the after-results and different inflammatory conditions (that were originally started by gonococci, but later were kept up by other germs always present in the genito-urinary tract) are cured. Therefore if a physician, after having tried all the above-described tests, is satisfied that there are no more gonococci present and detectable, and that the condition as yet uncured, such, for example, as a stricture which carries no germs and precludes every possibility of transmitting infection, then he can conscientiously allow the patient to get married, if marriage, for some personal reasons, can not be delayed. At the present stage of medical science the tests establishing the fact of perfect cure of Gonorrhea is a time-consuming and complicated procedure, but

considering the responsibility involved both for the patient and the physician, no intelligent man should fail to go through it, if it should fall to his lot to do so.

Functional Sexual Diseases.

After briefly reviewing the problem of Gonorrhea in its different aspects, we shall discuss certain conditions which stand in very near relation to Gonorrhea. There are: *Impotence*, known under the common name of loss of manhood; *sterility*, loss of procreative power; and *sexual neurasthenia*, nervous debility developed on sexual ground. While these conditions may also develop independently without any Gonorrhea in the history, from other abuses and irregularities in the sexual sphere, yet in a very large number of cases they do develop, if not because of Gonorrhea, at least after it; in other words, Gonorrhea, by weakening general and specially sexual nervous apparatus, creates a certain predisposition for their development.

These diseases are worthy of serious consideration, as they are very widespread and are the cause of many unhappy homes, of untold family tragedies, and of much in,

dividual and moral suffering. These diseases do not cause physical pains, neither are they dangerous to life, but men afflicted with them feel so miserable, suffer such agonies of moral anguish, are so depressed in spirit and so despaired of life that they would prefer any acute pain or welcome any operation to relieve their misery.

Impotence.

Impotence, as mentioned above, is an inability to perform a normal sexual intercourse. The indispensable physical condition for a normal sexual intercourse is an erect position (erection of the penis) and a normal period of time before a seminal ejaculation takes place; hence Impotentia can be manifested either by partial or total power of erection, or premature ejaculation, or both. According to various causes leading to loss of erective power, three various kinds of Impotence should be considered—psychic, irritable, and paralytic.

Psychic impotence is a very peculiar condition strikingly illustrating a powerful influence of the mind over bodily functions.

It usually attacks young men in perfect health who are of a worrying and brooding disposition, particularly so over sexual matters. They may have on their conscience the guilt of having indulged in masturbation years ago, or they may have had a gonorrheal infection some time before. As a result of this brooding over the sins of their youth, they work themselves into a suggestion that they have ruined their system and have lost their sexual power, and such is the power of self-suggestion that in spite of perfect health and the absence of any abnormal condition, all attempts at normal intercourse end in dismal failure, which in the case of newly-married people is naturally a very grave and distressing occurrence. Ordinarily these cases get well after a certain period of time under the influence and care of a physician without any local treatment, but under general tonic regime. The main danger of these cases is that this class of cases fall particularly easy prey to medical quack healers, who exploit the ignorant and terror-stricken victims to the limit of their ability to pay, by intensi-

fying their fear and curing them from non-existing terrible diseases.

Irritative Impotence.

The second type of *Impotence, irritative*, is the most frequent of all. In this condition the power of erection may or may not be affected, but the main distressing feature is a *premature ejaculation of seminal fluid*, which may take place even before a man approaches the woman. This condition is caused by over-stimulation and over-irritation of the sexual nervous apparatus, and is mostly the result either of an old habit of masturbation (self-abuse) or a chronic inflammation in the deep urethra left after previous Gonorrhea. This class of patients is also suffering from *frequent night emissions* and *general nervosity*. They constitute the most pitiful and miserable group of all venereal cases. Weak and haggard-looking from loss of seminal fluid, broken in spirit as well as in body, they are haunted by a feeling of despair and utter annihilation; they are full of disgust with themselves, and are frequently incapable of

pursuing their occupation. This class of men, as all the Impotentia cases, also fall easy prey to medical quacks, as they are often ashamed to go to a regular practitioner and family physician, and prefer to go to a stranger. Fortunately these cases are not difficult to cure, though it takes usually several months to effect a permanent cure. The treatment will vary according to the cause producing this hyperirritability of the nervous apparatus. It may require treatment or the deep urethra, prostate gland, or general tonic regime.

Spermatorrhea (Involuntary Loss of Seminal Fluid).

A common and one of the most distressing features of irritative impotence is *Spermatorrhea*, i. e., an involuntary loss of the seminal fluid, outside of night emissions. These seminal losses occur either as periodical oozing of a few drops at the end of urination and defecation, or as continual oozing as a result of muscular weakness and insufficient contraction of prostatic ducts. This continually oozing fluid is

usually prostatic secretion, and is due to the existing chronic prostatitis. The cure of this condition is effected thru the treatment of the prostate gland.

Urorrhea (Wetness from Dribbling and Oozing of Clear Watery Discharge).

It should be mentioned here that there is another condition resembling very much the above-described Spermatorrhea, a condition that scares the patients very much, who think they are suffering from seminal losses. This condition, Urorrhea, is very harmless, as the secretion oozing in these cases is plain water and mucus, due to excessive blood congestion in time of sexual excitement. But the difference between these two fluids and two conditions can be established only by a physician on microscopical examination, and should not be left to the judgment of the patient himself.

Paralytic Impotence.

The last variety of impotence, Paralytic, presents a condition opposite that

just described, and instead of irritation and over-stimulation of the nervous sexual apparatus, it shows its weakness and exhaustion down to complete paralysis.

It is understood that every man reaching a certain age gradually declines in vigor of sexual power. This age of sexual decline varies considerably with different people, from the ages of 45-70, depending on general health, and still more on the mode of life. This much is sure: that *men who have led a regular and moderate sexual life and have married early retain their sexual power a good deal longer than men who have dissipated and indulged in various excesses.*

Paralytic impotence may mean either complete loss of erection or partial. Most common causes of paralytic impotence in young men are a persistent and excessive masturbation habit and excessive sexual indulgence. The earlier in life these vicious habits and excesses are started and the longer they last, the harder and harder is the cure of the resulting sexual exhausting impotence. In fact, these cases are the most

difficult of all to cure, and many of them are incurable. Men suffering with paralytic impotence present a truly pitiful picture. They lose every ambition in life, lose their energy and force of personality, lose mental and physical vigor and endurance, and become mere wrecks and shadows of their old selves. If boys and young men could only see these victims of their own ignorance and folly as the physician sees them in their desperate and hopeless fight to regain their lost manhood, surely thousands and thousands of young, happy lives could be saved to themselves and to society.

The treatment consists in general and local tonic treatment.

Sterility (Inability to have Children).

The foundation of society is a happy family and home life. The foundation of a happy home life is children. No home can be happy without the sunshine of the little ones, who are the dearest gifts of Nature to mankind. No marriage can be happy unless it fulfills its natural mission and reaches its full fruition by perpetuating

the race of the parents thru children. The children are the greatest and most powerful incentive and inspiration for a man to work and to strive for a greater success in his chosen line. Children are a life mission and a life interest of a woman; they are the strongest and purest bonds of love between a man and a woman. Gloom and emptiness prevail in a home that is not blessed with children; there is no living interest and no natural attraction in such a home, and a childless couple is doomed to seek outside distractions and interests to fill up the natural void in their existence and to forget their heart-hunger.

No man who looks forward to a happy family life in the future can ignore the question and shirk the responsibility of producing healthy children. And yet so many men, thru light-mindedness or ignorance in younger years, are responsible for the tragedy of a barren home later in life, when it is too late to retrace their steps and to redeem their sins of youth. Public opinion commonly puts the blame on the woman for being childless, and only in exceptional

cases considers the possibility of the man being responsible for it. How unjust and how far from the truth! The inability to bear children, medically known as *sterility*, in a very large number of cases, at least half, is directly or indirectly due to a man's disease or an inborn defect. Leaving aside a rather small group of cases, where a woman is unable to bear children due to some inborn defect or disease, the largest class of cases of sterility is due to venereal poisons, Gonorrhea, or Syphilis contracted from their husbands. In Gonorrhea, due to chronic inflammation of organs of procreation or mutilating operations—necessary in these cases—no conception is possible. In Syphilis, conception is possible, but a woman is unable to bear living children.

In the cases of direct *male sterility*, the woman is perfectly healthy, and the fault lies with the man alone. It may be due either to some inborn anatomical defect, or, what is infinitely more common, to some venereal disease. In these cases, the male embryos-spermatozoa are either absent or unable to travel in normal channels and to

penetrate in the female organs. This inability may be due to a different cause; *the most common cause* of all is Gonorrhea, or, more exactly, a *gonorrheal epididymitis.* As mentioned above, Epididymitis, if uncured, often leaves behind hard nodules which obliterate and obstruct the spermatic channel, partially or completely, thus blocking and preventing spermatozoa from passing from the testicles, where they are produced thru the urethral canal out of the body. A man who has had Epididymitis, with the complete obstruction of the spermatic channel only on one side, may yet have children, but if the obstruction is on both sides, he becomes absolutely sterile.

Another cause of male sterility, tho not as common, are strictures, which, by obstructing and twisting the urethral canal, may divert or weaken ejaculation of spermatozoa in such a way as to make conception impossible. It may happen also that tho all channels for the passage of spermatozoa are free, the spermatozoa themselves, due to a sexual or general exhaustion, are either missing or are of such low vitality

as to give no hopes for living or healthy children.

Every man with a history of a venereal disease should have his seminal secretion examined under microscope before his marriage, to test its vitality. The knowledge of these facts and the application of these principles in practical life by the average man could save thousands of happy homes and prevent as many divorces.

Sexual Neurasthenia.

The last complication to be developed in the course of Gonorrhea, but not by any means the last in importance, is sexual neurasthenia; i. e., a chronic state of nervous and mental weakness and irritability. Possibly no other condition illustrates so well how far and deep-reaching is the influence of Gonorrhea on the whole system, tho it is a local disease; how thoroughly it affects the entire mental and nervous system of a man; how much moral anguish and suffering it inflicts on its victims. The reason for such a powerful effect of Gonorrhea on the human mind and emotions has been ex-

plained before by the fact that the genito-urinary tract and different sexual glands which are usually affected by Gonorrhea are richly supplied with nerves and are most intimately and abundantly connected thru these nerves with the highest centers of the nervous system, controlling the mental and emotional activities.

It has been mentioned already that the nervous weakness can be brought about by various sexual abuses and irregularities, such as the masturbation habit, sexual excesses, or over-stimulated and ungratified desire, but the cases following in the wake of chronic Gonorrhea and its complications are so numerous, so persistent, and distressing as to deserve special prominence and consideration.

Sexual Neurasthenia develops as a rule slowly, and it comes either during the treatment or long after Gonorrhea has been cured. The predisposition to this condition is created by excessive worrying and brooding over the disease, and the basis of sexual Neurasthenia constitutes an idea slowly formed and fixed in the mind of the patient

that he is "full of disease," and that his condition is incurable. As a result of this self-suggestion and constant concentration of his mind on different parts of the body, he feels, or rather he thinks he feels, an endless variety of different painful and morbid sensations. There is not a single spot on his body, there is not a single kind of pain or discomfort that should not be complained of by this class of patients. It does not matter whether his case is improving or even cured and does not show a single positive symptom of the disease, the patient cannot be won over to the cheerful view of his condition. No amount of argument or persuasion on the part of the physician avails to shake off his gloom and despair. If the physician, after a careful examination, states to a sexual neurasthenic that he does not need any more treatment, the patient accuses the physician of being indifferent, and not taking sufficient interest in his case and goes elsewhere. If the physician yields to the pleadings of the patient and keeps up an active treatment, that makes matters only worse, and still more confirms the patient

of the deep and dangerous character of his condition. The only way to break the eternal chain of fear and anxiety, which is the main basis of sexual neurasthenia, is to turn the mind of the patient away from his sickness by stopping treatment, sending him away, if possible, from old associations and surroundings, and by building up his general and nervous system. The treatment of this condition lasts several months, but they all recover in due course of time.

This class of patients, in their frantic search for a cure from the imaginary sickness, are naturally more exposed to the danger of drifting away into the hands of medical quacks, and are more exploited than any other class of venereal patients. A sympathetic attitude on the part of the physician and evidence of his sincere and earnest interest in the condition of the patient is the only thing that slowly gains the confidence of sexual neurasthenics, brings them back courage, ease of mind, and restores them to a healthy and happy life.

Chancroid

Now before going over the greatest of all venereal scourges, Syphilis, we shall briefly consider the third and the least dangerous of the venereal diseases—Chancroid.

Chancroid is also called a *soft chancre*, to differentiate it from *hard chancre*, which is the initial sore of Syphilis.

Chancroid usually appears from two to five days after exposure, seldom longer. It may develop on the skin of any part of the sexual organs. It starts as a small red spot or pimple, which rapidly breaks down and forms a round ulcer, painful on touch, with undermined borders and profusely secreting pus surface. Chancroid may start at once as a multiple ulcer or it may grow in numbers after it has started as a single sore. The number of Chancroids may reach five, ten, or even more. The peculiar characteristic of Chancroid is that its poison can be transferred from one place to another by contact, and it is a common clinical fact,

particularly in uncleanly and careless people, that a single chancroid or ulcer may duplicate itself on the skin surface that comes in contact with the chancroid.

Chancroid is usually painful and disables a man to a smaller or greater extent, so for this reason it is seldom neglected. Under proper care, Chancroid *heals up in from three to six weeks.* Only in exceptional cases, due to low vitality and general debility of the patient, or due to unusual virulence (intensity) of the chancroidal poison, the chancroidal ulcer assumes a gangrenous character, and in spite of the best treatment, shows a tendency to spread and to destroy a large area of tissue. But even in these rare cases, after a few weeks or months, the ulcerated area gradually heals up without leaving any permanent systemic damage.

The only complication chancroid has is a development of bubo, an abscess of inguinal (groin) glands. *Buboes* develop in about half the chancroidal cases, and are treated by incision on general surgical principles. The average duration of a bubo is

from three to four weeks, and the total duration of the average chancroid and bubo from six to eight weeks.

While Chancroid brings more pain and distress and disables a patient more than many Gonorrheal complications and average Syphilitic cases, in reality, Chancroid is the least harmful of all venereal diseases, as it has a self-limited duration, never penetrates into the blood, does not lead to any deep or constitutional complication, and does not affect whatsoever the second generation.

Syphilis

Syphilis is one of the oldest diseases in human history. Its ravages and destruction of health and life thruout many centuries up to our days have been such that it has been called a "black plague," in distinction from the great "white plague," tuberculosis. It is hard to say which one of the scourges of humanity is superior in its destruction and wrecking of humanity. While tuberculosis apparently carries away more lives in their prime and selects victims principally among the young at the very height of individual happiness and social usefulness, Syphilis surpasses its terrible rival in its universal character of distribution, in the easier mode of infection, and more lasting presence of the poison in the human body. No country or climate is free from the scourge of Syphilis. No age, no station of life gives protection from its infection. Syphilis claims its millions of victims in all parts of the universe. It has

populated cemeteries with untold numbers of bodies of still-born babies and infants who died in the early months of life; it has filled the insane asylums of the world with thousands of hopelessly insane men and women; it has crowded the institutions for the incurable and defective with paralytic adults and children crippled mentally and physically from birth.

The individual suffers as much from the ravages of Syphilis as society. Lucky is the man who can say that he is perfectly cured from Syphilis after two or three years of the most thorough treatment. Lucky is the man if he can be sure that later in life, after he may have forgotten all about his primary infection, the dormant germs of Syphilis lurking in the deep recesses of his body will not attack his most vital organs, as arteries, heart, or brain, and will not strike him down to permanent invalidism or slow but hopeless agony of an incurable disease.

Great as the latest medical discoveries in the recognition and treatment are, the course of the disease is so insidious and treacherous, and the treatment requires such

persistence and patience and such expenditure of time and money, that probably no more than half of the syphilitic patients carry out to the end the treatment and period of medical observation, and thousands and thousands of them are sure to be stricken down later in life with the above mentioned terrible after-complications of Syphilis, and are doomed to premature invalidism, paralytic diseases, and insanity.

Diagnosis (Recognition) of Syphilis.

In every disease an early and correct diagnosis is an essential condition for a successful treatment. This is particularly true in Syphilis. The early recognition of Syphilis can prevent a development of most dangerous complications, can forestall the destruction of most vital nervous centers and organs.

The recognition of Syphilis is beset with peculiar difficulties, due to the fact that Syphilis has a remarkable tendency to imitate in appearance all possible diseases. This simulation is rendered particularly effective because Syphilis has universal and

all-pervading distribution in the human body, and not a single part, organ, or tissue is free from the invasion of syphilitic poison. Until lately the diagnosis of Syphilis was based on the rather uncertain basis of clinical experience, but the latest medical discoveries have put it upon a more definite foundation, and rendered it immeasurably more certain.

The first step in this direction was the discovery by a French scientist, Shaudin, of a germ producing Syphilis, a germ that he has called *Spirocheta pallida*. Spirocheta under the microscope looks very much like a corkscrew, and can be easily demonstrated in all fresh Syphilis sores. A finding of Spirocheta at once and absolutely establishes a diagnosis of Syphilis. Another valuable method by which a doubtful or latent case of Syphilis can be recognized is a *blood test*, known by the name of its discoverer as *Wasserman Test*. This is a very complicated test, requiring a highly-developed technic, and it can be properly done only in specially equipped laboratories.

The Wasserman test is not as absolutely

sure and positive as finding of Spirocheta, yet it is very useful, and indeed indispensable in many cases of latent Syphilis, i. e., Syphilis that does not show any active symptoms like sores, breaking out, etc.

There is one more way to test the blood for Syphilis—*luetin test*, discovered by a Japanese scientist, Noguchi. Luetin test is made by injection in the skin of a certain substance, and also is very useful in old and latent cases of Syphilis. Recognition of Syphilis by the appearance and character of the sores and skin eruptions is in many cases very difficult, and can be done in doubtful cases only by a physician specially trained in this class of diseases.

Clinical Course of Syphilis.

The clinical course of Syphilis is usually divided, for the sake of convenience of presentation, into three periods.

Primary Period of Syphilis.

The first manifestation of Syphilis in the human body is a primary syphilitic sore, so-called *hard chancre*. This chancre *ap-*

pears usually two or three weeks after exposure, and this is a very important point to remember. Most men think that every venereal disease shows up a day or two after intercourse, and if a week passes without any signs of infection, they congratulate themselves upon having escaped the penalty of the transgression. Therefore when, two or three weeks after the exposure, they notice a small pimple or nodule on the genital organs, they ascribe it to some accidental cause, and never think of the possibility of it being of a venereal nature. This error of judgment is rendered particularly easy by the fact that the initial syphilitic sore has such a harmless, insignificant appearance, and is commonly so free from any pain, discomfort, or acute distress, that the patient, as a rule, ignores it, believing it will pass away by itself, or applies some ordinary salve. Only after they see that this "pimple" does not disappear, and gets harder and bigger in size, only then they become alarmed and consult a physician. This is the reason that so many patients present themselves to the

physician when the syphilitic poison has already spread all over the body and has broken out in a general eruption.

A deceiving appearance and mild clinical course of primary syphilitic chancre that gives to a patient a false feeling of security cannot be too strongly emphasized and warned against. The following injunction seems to be well indicated to all men taking chances with venereal infection: *Beware of the little, painless, insignificant pimple on the genital organs, that comes up two or three weeks after exposure and shows a tendency to become firm and hard on touch.*

Primary syphilitic chancre may look like a plain pimple or swelling without any sore on it, or it may present a greasy-looking ulcer with a very slight discharge, but all syphilitic chancres have *one characteristic feature* always present; this is a *hard*, almost wooden feel and *firm consistence on touch.*

Syphilitic Buboes.

Shortly after the appearance of primary chancre the patient notices a swelling of

the glands in the groin on one or both sides, which feel like hard nuts, *syphilitic buboes*. These buboes never turn into an abscess, and remain hard for many, many months, until, under treatment, they slowly go down.

Mixed Chancre.

The fact that a man two or three days after an exposure begins to show a sore of chancroidal type does not mean that he is already safe from developing a syphilitic chancre besides. In fact, it is a quite common occurrence that after development of typical Chancroid, in a week or two this sore begins to change in appearance and turns gradually into a syphilitic chancre. In other words, this man has contracted a double infection of both chancres, only their appearance takes place at different times, according to the difference in the length of time of their periods of incubation. The treatment of these mixed cases is naturally of more complicated character.

Secondary Period of Syphilis.

The secondary period of Syphilis begins with the first evidence that the syphilitic poison has spread all over the body, and that Syphilis from a local sore has become constitutional-blood disease. It takes usually about *six weeks* from the time of appearance of the primary chancre until the development of the constitutional symptoms. The very first symptom of the constitutional syphilis is a general rash, which has such a peculiar appearance that no competent physician has any difficulty in recognizing its nature. Together with the skin eruption, so-called "*mucous plaques*" can be seen in the throat, on the tongue, lips, etc. Very often syphilitics of the secondary period suffer from attacks of fever and get rapidly run down and wasted. In fact, an experienced physician can recognize a syphilitic by a peculiar paleness and general appearance suggesting slow waste of the body by some chronic poison.

The most common complaints in the secondary period of Syphilis are: Severe headaches and boring pains in the bones,

particularly at night; different skin eruptions and patches of mucous plaques around the mouth or genital organs. These mucous plaques contain millions of active spirochetae, and for this reason the *secondary period of Syphilis is the most dangerous period for transmission of the infection.* The secondary period may last from a few months to one to two years, depending on the gravity of the case and the character of treatment.

Tertiary Period of Syphilis.

The tertiary period of Syphilis is the longest in duration and the most dangerous stage of the disease. It gradually succeeds the secondary active period of Syphilis and lasts, if not treated thoroughly, for many years, and sometimes thru the entire life.

The main characteristic of this period is that its lesions (sores) are fewer, but they are very deep and penetrate to the most vital and important organs, such as blood vessels, heart, spinal cord, and brain. This is the time when syphilitic germs, after a long period of apparent cure of the disease,

suddenly renew their destructive activity and strike down their victim with some permanently crippling and incurable chronic disease. It has been mentioned before that Syphilis does not spare a single part or organ or tissue of the body. Anywhere, in the deepest recesses of the most vital and life-bearing centers of the body, a tumor of tertiary Syphilis can form, so-called *Gumma*, that has a natural tendency to break down, forming an ulcer and leading to a terrible destruction of tissues.

We shall not tire the reader by a detailed description of the possible results of this destruction of the body; it is sufficient to say that death is a welcome relief to the crippled, palsied, and insane victims of advanced Tertiary Syphilis. We shall mention only two diseases that are definitely proven to be after-results of Syphilis—diseases that are both incurable and that count as their victims countless thousands of men all over the world.

The first, a *progressive paralysis*, a chronic, progressively increasing insanity, that draws out for many years and in-

variably ends fatally, after a long agony of physical and mental decay and waste.

The second disease is *Locomotor Ataxia*, a chronic, slowly-spreading decay of the spinal cord, in which are located the most important nerves controlling the sensation and locomotion of the body. As the result of the slow death of these nerves, a man is gradually transformed into a helpless and hopeless paralytic, doomed to stay bedridden for life.

Any and all complications of Tertiary Syphilis can arise and strike down a man in a most insidious and unexpected manner. The most dangerous and deceiving feature of syphilitic lesions is that they develop painlessly and without acute distress or discomfort to the patient, who becomes aware of the disease only after a considerable amount of tissue is destroyed and irreparable damage has been done. No man who has a syphilitic chancre is safe from a possibility of development of complications of Tertiary Syphilis unless his blood, after repeated tests, has been pronounced pure and free from syphilitic poisons.

Hereditary Syphilis.

Nowhere else are the ravages of Syphilis more destructive and cruel; no other disease punishes the offspring for the sins of its parents so ruthlessly and wantonly; no other scourge inflicts its terrible retribution on the second generation at such a tender age as hereditary Syphilis. Hereditary Syphilis is undoubtedly the saddest and most gruesome chapter in the long black record of Syphilis.

The offspring *may inherit Syphilis from his father* thru sperma (semen), *from* his *mother* thru ovum and blood circulation, or it may get infection *from both parents* at once. Most of the cases are due to infection from the father. Fortunately, experience has shown that the older the case of Syphilis is, and the better it has been treated, the more chance the offspring has to escape a syphilitic heredity, and the milder will the infection be if it be inherited.

If a man in the active stage of Syphilis marries a healthy woman, whether she herself be infected or not, she will not bear living children for a certain period of time.

The first two or three years she will miscarry in the early months of pregnancy, a truly merciful provision on the part of nature, as death is certainly preferable to the drawn-out agony of the little creature, mutilated and crippled from birth. A little later the wife of a syphilitic is able to carry children to a full term, but they are born with the indelible stamp of loathsome heredity on their dwarfed bodies. The appearance of such children is as pitiful as it is repulsive. Wizened, old-looking faces, stunted bodies, numerous sores and skin eruptions, bone deformities, soft joints, due to decaying of bone ends and skulls distended with water; these and many other defects are the legacy these innocent victims come into the world with. Naturally, the vitality of such children is so low that many of them die in early infancy. Yet some of them can be saved by an early and thorough treatment. The farther it goes the more healthy-looking children are born, the fewer evidences of syphilitic heredity they present, and the later in life these evidences develop. Gradually, as the father or both parents receive

proper treatment, their offspring born are more and more healthy and free from taint. *There is no question whatsoever that syphilitic parents, one or both, can have, after they have cured themselves, perfectly healthy children, physically and mentally free from any blood taint or possibility of later relapses.*

Treatment of Syphilis.

It is remarkable that while modern science has introduced hundreds of new drugs for different diseases, Syphilis, with one exception, is still treated with the same drug that was used centuries ago; *this drug is mercury;* the only thing that has changed is the method of administration. Mercury, or rather its different salts, are used now in a number of ways. It can be used internally, in powders, pills, and mixtures; hypodermically, intradermically, thru inunctions (rubs into the skin), intramuscularly, and even intravenously. Which particular method and which particular salt of mercury is to be preferred, depends on the judgment of the physician and the character of the case. The main condition of the success of treat-

ment is not the selection of this or the other method of treatment, but in the thoroughness, persistence, and systematic use of it.

Mercury is proven to be an excellent germicide, and it cures Syphilis by killing its germs—Spirochetae.

Salvarsan—606.

Until very recent days mercury was our only anchor sheet in the fight against Syphilis, but in 1910 the great German scientist, Professor Paul Ehrlich, discovered that a certain chemical combination of arsenic, called by him *Salvarsan*, has a wonderful germicide effect on Spirocheta of Syphilis. Salvarsan is known also as 606, and its latest modification, Neo Salvarsan, is known as No. 914, because Ehrlich had to re-examine 605 different combinations of arsenic before he has developed and adopted 606, and he had to re-examine 913 combinations before he has adopted No. 914. At the time of its discovery the greatest enthusiasm prevailed, and it was claimed and expected by many that one injection of

Salvarsan would be able to kill all the spirochetae in the body, and thus bring about a complete cure of Syphilis. Unfortunately, subsequent experience has shown that these expectations were unfounded. Salvarsan is a great remedy and one injection of it may heal up very rapidly most destructive syphilitic lesions, but neither one injection nor two nor three can with certainty produce a perfect and absolute cure of Syphilis.

General Treatment and Regime in Syphilis.

The consensus of opinion of the most reliable and competent of medical observers at the present time is that the best results in the treatment of Syphilis are obtained by combined use of mercury and salvarsan, beginning with a few injections of Salvarsan and following up with a thorough mercurial treatment. The great usefulness and striking healing properties of Salvarsan in Syphilis are particularly to be appreciated, because mercury is not tolerated by many patients beyond a certain limit. Push be-

yond this limit, mercury produces symptoms of *mercurialism*—chronic mercurial poisoning, manifested by swollen and painful gums, bad smell from the mouth, stomach disorders, diarrhea, etc., which may prove serious and even dangerous. One of the most important measures of prevention of mercurialism in a patient undergoing mercurial treatment is to keep the mouth and teeth in a clean and healthy condition.

One more drug should be mentioned, which, besides mercury and Salvarsan, is used more than any other drug in the treatment of Syphilis. This drug is Potassium Iodide, which is very useful and surpasses anything else in its remarkable quality to absorb deep-seated syphilitic tumors (gummata) of the tertiary period.

Besides these three drugs, which are called *specific*, because their action is almost infallible, there are very few drugs used in Syphilis, mostly tonics to build up and strengthen the system, weakened by syphilitic poison. The general regime in Syphilis is much more liberal than in Gonorrhea, both as to choice of food and drink

and as to the permissible amount of physical exercise or pleasure. This is particularly true in the late tertiary period of Syphilis. In the acute secondary stage of the disease, moderation and a regular mode of life is absolutely essential for the favorable course of the disease. The use of alcoholic liquors at this stage is absolutely prohibited, but it is tolerated in moderation if no active symptoms are present. Smoking and chewing are also prohibited if any sores or patches are present in the mouth. As mentioned before, these mouth patches, as the sores of this period, are highly contagious, and the patient, for the sake of others, must have his own table utensils and all articles of personal use. He is also cautioned to avoid in every possible way a close physical touch with others.

Syphilis and Marriage.

The question, when can a syphilitic marry? is as momentous and difficult to answer as a similar question in Gonorrhea; in other words, this question means, When can a syphilitic be declared perfectly cured

and free from any danger of transmitting the infection to his wife and children? Until very recent years, before the three great discoveries in the realm of Syphilis had been made (the discovery of Spirocheta, Wasserman blood test, and Salvarsan), the physicians adopted from experience a rule which proved to hold good in the majority of cases. This rule reads that no syphilitic should be allowed to marry before three years passed since the time of primary infection. This rule was adopted on the assumption that the effects of three years' treatment and the natural weakening of the virulence (intensity) of the syphilitic poison with the age of the disease give a reasonable assurance of safety to the wife and offspring. It is true that in most of the cases the family was fairly well protected by the long duration of observation period, and remained free from the infection, yet the physician had no exact and definite basis for such prediction, and while the family was well, some of these men developed many years later various dangerous and incurable com-

plications of the advanced Tertiary Syphilis. Fortunately, now, in the light of new knowledge at our command about Syphilis, we are able to gauge the condition of the patient as to the degree of his cure of Syphilis in a very exact and definite manner. One test, tho, is not conclusive, particularly if it be negative. Positive Wasserman test is a fairly good evidence that syphilitic germs, spirochetae, are still present in the body in a dormant, if not an active, state, but a negative test, to be conclusive, must be repeated several times, covering a long period of time under various conditions, such as before and after a course of treatment. It should be remembered that while different active lesions in Syphilis are controlled and cleared up under modern methods of treatment very rapidly, a perfect elimination of spirochetae from the system is much more difficult, and it is always a time-consuming procedure. There are many cases of Syphilis where, after the primary general rash, sore throat, and other symptoms of the early secondary period, no other active symptoms of any kind develop sub-

sequently, so that the actual manifestations of Syphilis are limited to a very few weeks or months, but even in these cases should a blood test be persistently negative for a period of half a year's time, at least another half year should elapse before a final blood test is made. In the mildest and most thoroughly treated cases, a year's time should be the shortest waiting period for giving a permission of marriage. In many more cases, probably in the majority, this period must be extended to two or three years, and in a few cases of malignant or destructive character, even much longer than this.

Thus the modern methods of treatment have shortened enormously the period of active manifestation of Syphilis, and have placed in our hands powerful means to control and to check the most malignant and destructive syphilitic lesions, but the period of quarantine in regard to marriage is not shortened very much, though its estimation is made immeasurably more certain, definite, and reliable.

Syphilis can be considered at the present

time as *perfectly curable and readily amenable to treatment*, provided a correct and early diagnosis is made and a thorough, systematic, and persistent treatment is administered.

Conclusion.

The foregoing pages are offered to the reader with the purpose of presenting a short and popular exposition of the subject of sex knowledge, immense in its scope and tremendous in its social importance, and to give in the simplest and briefest possible terms the most fundamental and important facts from a practical viewpoint of the sex life in health and disease. The conclusions to be drawn will naturally vary with the mental and moral capacity of the reader.

The writer does not want to force his personal opinion on the reader, and his intention is to present only the facts of the sex life as they are viewed by medical science of our day, and as they appear from his personal observation. The writer reserves, however, a privilege to define his position and attitude on the question of social purity. His views, based upon personal and theoretical grounds, would be:

First.—That sexual abstinence can be enforced with perfect ease and without any harmful consequences until the full development of physical and sexual maturity, which is about from 22-25 years of age.

Second.—That venereal diseases and various sexual disorders are entirely too big a price to be paid for a momentary impulse.

Third.—That the only proper and normal solution of the sexual problem for a man above the age of sexual maturity is—marriage.

Fourth.—That the sexual "*necessity*" in young men under the age of sexual maturity is *always*, and in men sexually mature, *frequently*, a self-suggested notion, artificially stimulated by indulgence and environment, and allowed to grow and persist thru the lack of self-control.

Fifth.—That the amount of social waste and individual damage caused by venereal diseases can be reduced to a minimum by spreading among men and maturing boys the elementary knowledge of the facts of sex life in health and disease.

Questionnaire

Question 1.—Is sexual continence harmful to health?

Answer.—At the age before full sexual maturity, that is, up to 22-25 years, sexual continence is not only not harmful, but even advisable and extremely effective in keeping up the physical and mental freshness and full vigor of a growing body. After full sexual maturity is reached, a regular sexual life thru marriage is desirable, but even at this age sexual continence can be kept up for many months without the slightest harm to the individual whatsoever, provided he keeps away from unnecessary stimulating and exciting influences.

Question 2.—Are the pimples on the face of young men an indication of the necessity of sexual intercourse?

Answer.—Not at all. The pimples on the face of young people is a harmless skin disease known under the name of *Acne*, and is due to the surplus of fat secreted

by the young skin, but it has nothing to do with the sexual function. It is just as much and to an equal degree spread among people indulging in sexual intercourse as among those who are continent. Acne is often a result of eating too much sweets and other heavy food. It is treated by regulation of the diet and local applications.

Question 3.—How often can a wet dream occur without being injurious to health?

Answer.—There is no definite dividing line and exact time limit between normal and abnormal wet dreams. In sexual life, individual differences vary more than in any other function of the human body. Some men get wet dreams once in 1-2-3 months; some once in 2-3 weeks. The figures are immaterial. The only safe rule to measure injuriousness of a wet dream is by its effect on the general health and spirit. *If a man, after a night emission, feels just as fresh and strong or even better than before it, it is normal; if not, it is abnormal.*

Question 4.—What may the habit of masturbation lead to?

Answer.—In a young child (the younger the more disastrous the results), persistent masturbation can lead to perfect physical and nervous exhaustion, and even serious organic diseases. In older boys and men, it affects mainly the nervous system and mentality.

Question 5.—Is every discharge from the urethral canal a sign of venereal disease?

Answer.—Not necessarily. It depends on the character and quality of the discharge. A white, yellow, or greenish thick discharge—pus—is always an indication of a venereal, or at least a genito-urinary disease (bladder, kidney, etc.), but a clean, watery, or slimy like white of an egg discharge may occur in perfect health as a result of sexual excitement, or it may remain as a harmless temporary phenomenon, due to overtreatment of the urethral canal in any venereal disease. The exact condition, of course, can be recognized only by a physician after a careful examination.

Question 6.—What can Gonorrhea lead to if not treated?

Answer.—Most common complications

of Gonorrhea are: (1) Epididymitis (inflammation of the testicle), with the possibility of sterility later on. (2) Chronic Prostatitis, leading often to nervous weakness and irritability (Neurasthenia). (3) Stricture, the most dangerous complication of all. (4) Gonorrheal Rheumatism, affecting different joints. (5) Gonorrheal infection of the eye.

Question 7.—Can Gonorrhea turn into Chancroid or Syphilis?

Answer.—No, it cannot. All three diseases are produced by different germs, and for this reason none of these diseases can turn into any other. It may happen, tho, that a double infection takes place, when two diseases may co-exist.

Question 8.—Can chronic Gonorrhea (Gleet) be cured?

Answer.— Unquestionably so, tho in some neglected or mistreated cases it takes many months to effect the complete cure. The only complication of Gonorrhea that may prove incurable if neglected is a stricture, yet it can be always improved or relieved.

Question 9.—How can a real Gonorrhea be distinguished from a simple catarrhal Urethritis?

Answer.—The only sure way to differentiate these two conditions is by finding Gonococci under the microscope.

Question 10.—How long does it take to cure a Gonorrhea?

Answer.—There is no way whatsoever to predict the exact duration of an individual case. In average, the cases of *acute Gonorrhea, without any complications, lasts from 5-6 weeks*, and these constitute a very small minority of all cases of Gonorrhea. *The largest majority of Gonorrhea cases* develop one of the complications and *last from 2-3 months.* The *cases that turn into chronic, last from 6-12 months.*

Question 11.—How soon can a man who has been suffering from Gonorrhea marry without danger of infection to his future family?

Answer.—Not before the physician, after a most careful and repeated examination by all known methods and tests, can positively establish that there are no more

Gonococci present in the patient. All other symptoms do not bear on the contagiousness of the case, and contraindicate marriage only if they affect the general condition of the man.

Question 12.—What is the difference between soft and hard chancres?

Answer.—Soft and hard chancres are produced by different kinds of germs, and are *entirely different diseases.*

Soft Chancre or *Chancroid* always remains a local disease, and leads only to one complication—to abscess of the glands in the groin, a chancroidal bubo.

Hard Chancre is a primary syphilitic sore and always penetrates into the blood, becoming a *constitutional disease.* Syphilitic buboes are hard and never produce an abscess.

Question 13.—Can Syphilis be cured perfectly?

Answer.—Undoubtedly so, tho to be sure of it, a long time of observation after treatment is concluded and thoro testing are necessary.

Question 14.—How long does the contagious period of Syphilis last?

Answer.—The most contagious period of Syphilis is the secondary period, when a syphilitic has the most active lesions—mucous patches in the mouth or around the genital organs.

The tumors—gummats of the tertiary period—are considerably less contagious.

Question 15.—How long does it take to cure Syphilis?

Answer.—No case should be declared cured before *at least one year* has elapsed, even tho no active lesions are noticeable. Most cases take between two and three years to render their blood free from syphilitic poison.

Question 16.—When can a syphilitic marry?

Answer.—*Not before repeated blood tests have shown a persistent freedom from Syphilitic poison*, which, as pointed out in previous questions, takes from two to three years.

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